

Demand and Provision of School Counselling in
Primary Schools in Ireland

Author: Deirdre Dooley Judge B.Ed., Dip. Psychotherapy

Presented for the award of
Master of Science

Dublin City University
Supervisors: Dr Rosaleen McElvaney and Dr. Evelyn Gordon
School of Nursing and Human Sciences

September 2017

Declaration

I hereby certify that this material, which I now submit for assessment on the programme of study leading to the award of MSc by Research is entirely my own work, that I have exercised reasonable care to ensure that the work is original, and does not to the best of my knowledge breach any law of copyright, and has not been taken from the work of others save and to the extent that such work has been cited and acknowledged within the text of my work.

Signed: Deirdre Dooley Judge

Student No.: 15212244

Date: 15.09.2017

Acknowledgements

I would like to extend my appreciation to my supervisors, Dr. Rosaleen McElvaney and Dr. Evelyn Gordon, for their kindness, patience, encouragement and invaluable support. It has been a privilege to have collaborated on this research project with you both.

Thank you to Dr. Mary Rose Sweeney, Independent Panel Member, for her advice and encouragement.

Sincere thanks to St. Patrick's Mental Health Services for funding and supporting this study.

I wish to express my appreciation to the Irish Primary Principals Network and to the many primary school principals and counsellors throughout Ireland who participated in the quantitative and qualitative phases of the study.

Thank you to my colleagues in Dublin City University, School of Nursing and Human Sciences: Amy, Katie, Emma and Terry for sharing their research expertise.

I am grateful to my dear friends, Lorna and Bernie, for their invaluable support and guidance.

I would like to thank my loving family: Eugenie & Michael, Suzanne & Val, Colm & Marie and their wonderful children for their warm welcome, love, generosity and support throughout the years.

Thank you to my son Peter, my daughter Simone, her fiancé, Brendan, my son Conor and his fiancée Lina, who quietly witnessed the evolution of this study, for your love, laughter, encouragement and invaluable support in helping me achieve my goal.

I dedicate this thesis to the memory of my loving parents, Eugene and Mary Judge, whose achievements in life have been my inspiration.

Table of Contents

Title	i
Declaration	ii
Acknowledgements	iii
Table of contents	iv
List of tables and figures	vii
Abstract	1
Chapter 1 Introduction	2
Thesis Overview	4
Chapter 2 Literature Review	7
Emotional and psychological well-being of children internationally	8
School counselling provision and challenges in a global context	13
Primary school counselling models	18
The mental health and emotional well-being of primary school children in Ireland	21
Conclusion	25
Chapter 3 Methodology	29
A mixed methodological approach	29
A pragmatist paradigm	30
Rationale for mixed methodology	32
Study Design	33
Sample Description	35
Research Instruments	37
Phase 1: Survey Questionnaire	37
Phase 2: Interview Schedules	40
Pilot Study	41
Data Collection	42
Phase 1	42
Phase 2: Interviews with Principals and Counsellors	43
Data Analysis	44
Data analysis-Phase 1	44
Data analysis-Phase 2	45
Ethical Considerations	49
Limitations	51
Summary	52
Chapter 4 Findings	54
Complex needs	54
Social and family contexts	60
Cultural Issues	61
Falling between the cracks	62
Critical incidents in schools	63
Schools ill-equipped to respond to complexity of children's needs	64
Provision of counselling	66

Referral Processes	69
Links with External Agencies	70
Funding	76
Accommodation	80
Interest in Counselling Provision	81
Perceived Benefits	84
Support for Parents	87
Support for Staff	89
Going Above and Beyond	90
Summary	92
Chapter 5 Discussion	94
Complex Needs	97
Ad-hoc provision of counselling in Ireland	103
Going Above and Beyond	112
Barriers to Provision	113
Limitations	114
Summary	117
Chapter 6 Conclusion	120
Significance of key findings	120
Implications for the field of knowledge	122
Recommendations for future research	123
Implications for policy and practice	123
References	125
Appendices	142
Appendix A. Survey Questionnaire	142
Appendix B. Invitation to Principals (Phase 1)	152
Appendix C. Invitation to Principals (Phase 2)	153
Appendix D. Invitation to Counsellors (Phase 2)	154
Appendix E. Participant Information Sheet (Principals)	155
Appendix F. Participant information Sheet (Counsellors)	156
Appendix G. Informed Consent Sheet	157
Appendix H. Interview Schedule (Principals)	158
Appendix I. Interview Schedule (Counsellors)	159
Appendix J. Ethics Approval Letter (DCU)	160
Appendix K. Additional charts	161

List of Tables

Table 1. Stages of thematic data analysis	48
Table 2. Public v private funded service	76
Table 3. Preferred on-site counselling supports	82
Table 4. Range of services schools would like to have access to in school or externally	82
Table 5. Impact of school-based counselling on children	84

List of Figures

Figure 1. Emotional presentations of children in primary schools	55
Figure 2. Breakdown of the number of psychological assessments that recommended counselling (n=882)	57
Figure 3. Critical incidents and locality of school (rural/urban)	63
Figure 4. Types of critical incidents in primary schools	64
Figure 5. Access to on-site counselling provision	67
Figure 6. Access to counselling services based on locality (urban/rural)	68
Figure 7. Links primary schools have with community services	71
Figure 8. Resources drawn on to deal with children's emotional issues	72
Figure 9. Public v private funding for counselling provision	76
Figure 10. Schools with adequate accommodation for on-site counselling	80
Figure 11. Participants interested in these counselling supports	84
Figure 12. Study themes	95

Demand and Provision of School Counselling in Primary Schools in Ireland

Deirdre Dooley Judge

Abstract

Unlike many European countries there is little provision of school-based counselling for children attending primary schools in the Republic of Ireland. Despite recent initiatives to promote psychological wellbeing in schools, significant numbers of children are presenting in school with significant mental health difficulties. To date, there has been no comprehensive attempt to capture the national landscape with regard to the extent of children's needs and the level of provision of counselling available.

This study involved a mixed methods design using a national online survey with primary school principals (n=1282) to investigate the demand for and provision of school counselling for primary school children in Ireland. In addition, semi-structured interviews were conducted with five principals (n=5) and five school counsellors (n=5), where school-based counselling is available, to explore experiences of such provision.

Findings from this current study indicate the limited provision of counselling with on-site services in existence in a small number of urban primary schools in Ireland. The current prevalence and complexity of presentations of children in terms of emotional needs has been revealed with findings indicating the difficulties teachers face in meeting these needs. Results show that the five most prevalent issues which children present with relate to general family issues (36.4%), behavioural related (18%), anxiety (13.2%), separation/marital/divorce-related issues (6.3%) and academic concerns (4.6%).

The ad hoc nature of funding of the service is highlighted, necessitating principals to be proactive in securing funds to ensure a continuance of the service. The ad hoc nature of the referral process is also presented with findings indicating that children may self-refer or refer their peers to on-site counselling. Results also showed that the location of a counselling service in the school allows ease of access for children and parents to avail of a range of supports being provided by counsellors.

The study has revealed the perceived benefits of on-site counselling on classroom dynamics with children returning to class calmer, more confident and better able to engage with learning. The presence of a counsellor on-site in primary schools has been cited by both principals and counsellors as a particular support for teachers both in terms of consultation about concerns in relation to a child, for specific training through mental health and well-being workshops and for the delivery of self-care programmes for staff.

While there is no statutory provision for school-based counselling in primary schools in Ireland (Republic), findings suggest that schools are using resources creatively in an attempt to access private counselling. It is expected that the findings from this study, the first such study conducted in Ireland, will have important implications for the development of school counselling and will add to the research base.

(This study focuses on the demand and provision of primary school counselling in the Republic of Ireland, therefore, the use of the term, 'Ireland' in relation to this study, will refer to the Republic of Ireland)

Chapter 1: Introduction

Previous research has established the importance of school-based counselling provision in primary schools globally with studies concluding that such provision has a positive influence on children's social and emotional wellbeing (Daniunaite, Cooper & Forster, 2015; Lee, Tiley & White, 2009). The World Health Organisation highlights the fact that schools are best placed to identify children experiencing emotional distress (2014). Additional evidence suggests that the presence of a counselling service on-site in schools helps to improve children's academic achievements with improved concentration, increased motivation and improved relationships with teachers cited as benefits for children (Rupani, Haughey & Cooper, 2012).

The increasing complexity of children's presenting issues are concerning with incidences of deliberate self-harm becoming increasingly more prevalent among young people in Ireland (2008). The National Suicide Research Foundation in Ireland has observed a significant increase in self-harm in the 10 to 14 year old age bracket in recent years, according to Madge, Hewitt, Hawton, de Wilde, Corcoran, Fekete, van Heeringen, De Leo and Ystgaard (2008). Another study cites an increase in depression among 8 to 10 year olds, with parents and teachers the initial respondents, though neither party can refer directly to CAMHS¹ since referrals must be made by a General Practitioner (CMHC², 2015). As a result, children's mental health and wellbeing has become a concerning issue for primary schools in Ireland.

¹ CAMHS – Child and Adolescent Mental Health Services

² CMHC- Children's Mental Health Coalition

A recent study review has identified the absence of a national counselling service for children in Ireland with community counselling services unevenly distributed and difficult to identify (CMHC, 2015). The study indicates the concentration of available services in urban rather than rural areas and the challenges faced by children from ethnic backgrounds, in particular, in accessing such services. Despite the importance of children's mental health and wellbeing issues there remains a paucity of evidence on how best to provide supports for such vulnerable children in the primary education system in Ireland. No previous study has investigated whether a demand exists for counselling services to be located on-site in primary schools in Ireland nor has the advent of counselling services into a small number of urban primary schools in Ireland been explored. This study seeks to obtain data which will help to address these research gaps.

The current study explores, for the first time, the counselling needs of primary school children, the demand for counselling and the extent to which school-based counselling is provided in primary schools in Ireland. In addition, the impact of current school counselling provision on the school population is investigated and analysed, using a combination of quantitative and qualitative research methods or a mixed methods approach. The aim is to establish the nature of children's needs that are being addressed through on-site counselling provision, how the minimal provision available is configured and what needs it meets among this student group. Objectives of the study are to establish whether there is a relationship between both the status (DEIS) and location (urban/rural) of primary schools and children's most prevalent presenting issues. Other objectives relate to whether primary schools have mental health policies in place as well identifying if there are barriers to the provision of counselling on-site in primary schools.

This study provides an exciting opportunity to advance our knowledge of an area of school-based counselling which remains virtually unknown outside of primary schools currently providing the service. It provides new insights into the ad hoc nature of provision in primary schools and the lengths principals must go to in their effort to meet the demands for provision. In addition, an overview of the types of counselling provided on-site will be presented and external support services currently involved with primary schools will be identified. This investigation will also enhance our understanding of cultural issues which impact on children's well-being in primary schools. Therefore, the study should make a major contribution to the area of counselling by filling the gap in the knowledge base on school-based counselling provision in Ireland.

Thesis Overview

This chapter provides an introduction to the study. Chapter Two reviews the literature with regard to the emotional and psychological well-being of children internationally. School counselling provision and the challenges to provision in a global context are also examined. An evaluation of international primary school counselling models is presented with a particular focus on the Place2Be Model in the United Kingdom. The benefits and challenges to provision are also identified. The final section in this chapter explores the literature in relation to the current state of emotional and psychological well-being of children in Ireland.

Chapter Three describes the methodology used for this study. The chapter commences with an overview of the research structure which refers to Phase 1, an online survey of school principals in Ireland and Phase 2, conducted through

interviews with a small number of school principals and school counsellors³. Following this, the use of a mixed methodological approach for this study is discussed and the strengths and weaknesses of a philosophical pragmatic stance explored. A description of the research stages is included and the research design outlined followed by a report on the recruitment of participants during the data collection phase. Finally, the management and analysis of data and ethical procedures are described.

Chapter Four presents an analysis of the findings from the quantitative and qualitative phases of the study. The findings are presented under four headings – complex needs, provision of counselling, perceived benefits and going above and beyond. The four principal themes, together with subthemes are presented in the chapter. ‘Complex Needs’ explores the presentations of children, social, family and cultural issues which impact on the child’s wellbeing in primary schools and identifies what happens when children ‘fall between the cracks’. The theme ‘Ad hoc Provision’ refers to the arrival of counselling in schools, how the service is funded, the haphazard nature of counselling space and the referral process for children to on-site counselling. Governmental and non-governmental services are identified and reported upon in this chapter. In addition, findings with regard to the perceived benefits of the provision of a counselling service on-site are outlined. Finally, findings in relation to principals and counsellors ‘going above and beyond’ the remit of their profession in supporting children are also identified.

Chapter Five restates the aims of the study and presents a short summary of the main findings. A summary of the four overarching themes to emerge from the study, namely, complex needs, ad hoc provision, perceived benefits and going above

³ The term ‘school counsellor’ is used in this study to refer to any professional providing counselling to children, regardless of their discipline.

and beyond are presented. These findings are discussed in the context of other studies on the topic of school-based counselling and children's mental health and wellbeing. The strengths and limitations of the study and implications for further research are then explored. Finally, some limitations of the study are addressed.

Chapter Six presents a discussion of the significance of the findings in terms of implications for the field of knowledge and recommendations for future research work are suggested. The chapter concludes with some suggestions in relation to the implications of the unique study for practice and policy.

Chapter 2: Literature Review

During the past twenty years there has been an increasing amount of seminal research carried out on the topic of school counselling at an international level. According to Cooper (2013) school-based counselling is one of the most prevalent forms of psychological therapy for young people in the United Kingdom and has been found to be effective at reducing psychological distress and helping young people achieve their personal goals. Indeed, the national guidelines on promoting positive mental health and suicide prevention in Ireland focus on the need for early identification and timely intervention for any young person experiencing mental health difficulties (Department of Education & Skills, 2015). The purpose of this chapter is to review the literature evidence base and to critically evaluate the limitations, significance or implications of such research.

Oliver (2008) asserts that the purpose of a literature review is to lay the foundation for the current research and to outline the main subject matter which surrounds the study. This literature review chapter is divided into three sections. Firstly, recent literature pertaining to the emotional and psychological well-being of children internationally will be reviewed. The second section will examine international research on school counselling provision and its challenges, with a particular focus on Europe, United States of America and the Asia-Pacific region. In addition, counselling models which are currently being successfully implemented in primary schools at international level will be investigated. The final section will explore the literature pertaining to the current state of emotional and psychological well-being of children in Ireland. It is hoped that this study will clarify the current existing knowledge on school counselling provision globally, identify gaps in the

literature and seek to build on the current knowledge base about the demand and provision of school counselling in Ireland.

A combination of search terms led to the identification of relevant peer-reviewed research articles on school-based counselling using such databases as Academic Search Complete, EbscoHost, Taylor and Francis Online, Google Scholar, Education Research Complete and PsycINFO. The search parameters focused on literature published from 2000 to 2016. The following search terms were utilised: primary school counselling, elementary school counseling, school counselling at primary level, mental wellbeing, emotional well-being. In addition, certain differentiated search procedures were used to identify countries where school-based counselling is provided in primary schools and a focused search conducted for research from such countries as Canada, Germany, Australia, New Zealand, Italy, United States of America and Asia. The search parameters of the evidence base were confined to English speaking journals. Finally, key researchers in the field were contacted directly and provided guidance towards recent publications on the topic.

The emotional and psychological wellbeing of primary school children internationally

It is generally regarded that mental health issues, including depression, anxiety, disruptive behaviour, eating disorders, or posttraumatic stress disorder, can negatively impact on a child's school success, as well as general well-being (World Health Organization, 2003; Kessler, 2009). Even as mental health has become increasingly recognized as a key issue in global health, child mental health has largely remained in its shadows (Day, 2015). Merrell and Guelder (2010) believe that by putting in place mental health supports for all children, we can effectively immunise them from later difficulties. A study conducted by Hornby and Atkinson (2003)

concluded that unmet emotional needs in children inevitably impacts on their ability to learn, though some children are resilient in the face of the adversity to which they have been exposed (Fisher, 2015).

A comparative study of deliberate self-harm was conducted among 10 to 24 year old participants (n=2,410) in Australia, Belgium, England, Hungary, Ireland, the Netherlands and Norway (Madge, Hewitt, Hawton, de Wilde, Corcoran, Fekete, van Heeringen, De Leo & Ystgaard, 2008) . Findings indicate that incidents of significant self-harm occur in this age group with 55% female and 53% male participants reporting multiple events. The majority of young people who harmed themselves did not attend hospital. The study concludes that young people, who are suffering from emotional and mental health difficulties, need to be identified through school-based and other initiatives and provided with the necessary supports. Hawton, Saunders and O'Connor (2012) agree that more school-based approaches targeting adolescent self-harm are needed. However, little is known about self-harming behaviour among children under 10 years of age.

Studies across the world suggest that children and adolescents experience significant mental health difficulties. According to Zubrick, Silburn, Burton and Blair (2000), approximately 14% of children and adolescents aged from 4 to 17 years in Australia experience mental health problems. The authors highlight the importance of collaboration at local, national and state levels between health, welfare and education sectors in responding to children's mental health needs. A further study involving a community sample of children aged 6 to 12 years in Singapore (n= 2,139) indicated that approximately 17% of school children presented with clinically depressive symptoms with children exhibiting a higher level of internalising problems (12.2%) compared to externalising problems (4.9%) (Woo, Ng, Fung, Chan, Lee, Koh, &

Chai, 2007). According to Woo et al. (2007) these figures may indicate the role of cultural factors in influencing children's manifestations of emotional and behavioural problems since aggression is discouraged in Asian countries while self-control and emotional restraint are encouraged. While this is a large community study the authors cited a low response rate as a limitation since the demographic profile of participants (n= 2,139) indicated that a significantly higher number of participants lived in private housing and had mothers who were better educated while many non-participants (n= 1,447) came from lower socio-economic backgrounds, a risk factor in terms of mental health issues. A further limitation to the study was the exclusion of children from special schools. These factors together may prevent a generalisation of such findings.

In Canada, Waddell, McEwan, Shepherd, Offord and Hua (2005) found that 14% of Canadian children (800,000) aged 4 to 17 years are presenting with depression, anxiety and behavioural challenges that cause significant distress and impairment at home, at school and in the community and less than 25 % of these children receive specialised mental health treatment. The study suggests that a new national strategy is needed to address this neglect in children's mental health.

Even in countries such as the United States of America, where many mental health programmes operate within schools, a high percentage of students in difficulty remain unsupported and in need of more specialised assistance (Adelman & Taylor, 2010). According to the U.S. Department of Education, National Center for Education Statistics many American schools are dealing with increasing rates of violence among students and teachers, increasing truancy and dropout rates and increasing mental health concerns among students (U.S. Department of Education, 2009).

Such high levels of mental health difficulties inevitably impact on children in the school context. In Crete, Kourkoutas and Giovaliozas (2015) highlight how children from difficult or dysfunctional family backgrounds, who are struggling with intense emotional or behavioural difficulties, tend to enact such problematic and traumatic conditions in various ways within the school context. Findings from this study suggest that school counsellors have a critical role to play in helping children with behavioural problems avoid being excluded from school and advocate the implementation of an integrative resilience-based school counselling model in primary schools.

The International Survey of Principals Concerning Emotional and Mental Health and Well-Being highlights the impact of children's mental health on their functioning in school (Rowling, Whitman & Biewener, 2009). The study involved an international sample of 1,215 principals from 25 countries including Austria, the Netherlands, Ghana, South Africa, Brazil, and India with the majority of respondents from Ireland, Australia, the United Kingdom, Canada, the United States, and New Zealand. The average school size in the sample was approximately 550 students with almost all schools being co-educational. Principals generally worked at pre-kindergarten and elementary schools (51%) or middle and high schools (27%), though some were responsible for broader age ranges or even older students (22%). According to Rowling et al. (2009), 70% of Australian principals reported one out of five students required mental health intervention, which validates previous research findings stipulating that one in five students may present with a serious mental health disorder by adolescence.

In comparing three respondents to this survey from different areas of the globe namely Canada, Germany and Australia, some interesting similarities have emerged

from this piece of research. School principals in both Germany and Australia indicate the importance that principals give to the issue of emotional mental health in relation to academic performance. 75 % of German principals and 94% of Australian principals agree that emotional mental health and well-being are very important for academic achievement (Dadaczynski & Paulus, 2010). Some differences emerged in terms of presenting student issues, with both German and Australian principals ranking family dysfunction as the issue of greatest importance for students while principals in Canadian schools identified anger management, impulse control, and bullying and harassment as the top three emotional mental-health and well-being issues experienced by their students.

The overall findings from the International Survey of Principals Concerning Emotional and Mental Health and Well-Being indicate that poorer mental health and wellbeing has been identified in students from lower income families with principals estimating that one in five of their students require access to preventative or intervention services. Gaining access to services and identifying those in need of services were rated by principals as most important in terms of dealing with student mental health issues. This study also highlighted stress, anxiety and depression as major presenting issues for staff in schools. Finally, international principals also believe that there is a need to strengthen governmental-led mental health and well-being policies in schools since while 55.4% of principals report that policies exist specifically for student emotional mental health and 34.8% state that policies are in place for teacher mental health and wellbeing, the remainder do not have a policy in place or have no knowledge as to whether a policy exists (Rowling et al. 2009). While this study provides useful information across various countries with regard to the nature of difficulties that children present with and the importance placed by

principals on accessing support both for students and staff, the study did not attempt to capture the extent to which schools were availing of support in dealing with children's presenting issues nor did it provide information on school based counselling in schools. As the study was conducted with principals from schools of all levels, from pre-kindergarten to high school level and beyond, it is not possible to consider the findings as applying to primary school children only.

School Counselling Provision and Challenges in a Global Context

It is widely accepted that children's wellbeing is conducive to better learning (Patalay, Deighton, Fonagy & Wolpert, 2015). The most recent research to date on the topic of mental health provision in schools has been conducted by Patalay, Giese, Stankovic, Curtin, Moltrecht, and Gondek (2016). This study examined data collected from 1346 schools in ten European countries (France, Germany, Ireland, Netherlands, Poland, Serbia, Spain, Sweden, United Kingdom and Ukraine) regarding the priority given to mental health support for students, the existence of a mental health school policy, links with external agencies, the provision of mental health supports and barriers to the provision of supports. Findings from this study indicated that over 74% of schools considered mental health provision in their school as a medium to high priority with 9% regarding such provision as essential. However, while schools appeared to be committed to such provision, limited staff capacity, funding and access to specialists to provide mental health interventions followed by a lack of national policy and quality of links with agencies were cited as the greatest barriers to mental health provision in schools.

The Patalay et al. (2016) study recommends that the creation of a national governmental policy in relation to mental health and wellbeing in schools is paramount since countries where such a policy exists tend to place higher priority on

the school's role in providing support. While the presence of data from multiple countries is a considerable strength of this study the education system in many of these countries is devolved and so different states within countries may have varying levels of mental health focus and provision which could not be adequately captured in this study. Findings are also limited to staff perceptions and may have benefited from a more objective evaluation in terms of mental health provision in schools while the inclusion of questions investigating the level of interventions or counselling provision available in schools from the ten countries surveyed would have added to the current evidence base on school based counselling.

An international study investigated the prevalence of mental health school policies globally and its findings indicate that more student and teacher mental health policies are being utilised in the Australian education system compared to the global sample (Rowling et al., 2009). Indeed, Canadian Principals state that only 32.6% of Ministry of Education policies exist there to address student mental health while 21.3% have policies addressing teacher mental health in schools (Whitman et al., 2009). However, one interesting outcome of the Canadian study has been the establishment of the Canada-United States Alliance for School Mental Health with a view to building connections between the Canadian and U.S. communities on the topic of school mental health practices.

It is estimated that school-based counselling is well established in sixty-two countries and in the early stages of development in a further seven countries globally (Harris, 2013). Indeed, the Nordic region is unique in Europe in that all five nations have made school-based counselling mandatory (Plant, 2003). However, it is interesting to note that school counselling, as a profession, exists only in the United Kingdom (UK), the United States (US), Nigeria, Kenya and three Canadian provinces

(Harris, 2013). In many other countries and states the work of the counsellor is shared between teacher-counsellors, psychologists and social workers.

The focus of the school counsellors' work in UK primary schools is oriented towards improving the mental wellbeing of children and enhancing their ability to engage constructively and academically with school life, a conclusion supported by Becker and Luthar (2002), who link positive mental health with enhanced academic achievement. A recent study conducted with 288 children aged from 7 to 11 years who were experiencing social, emotional or behavioural distress found that the provision of school-based counselling incorporating systematic feedback and using Cognitive Behavioural Therapy methods was associated with significant reductions in psychological distress, comparable with outcomes achieved by traditional child and adolescent mental-health services (Cooper et al., 2013). However, while these results are promising it is evident that further research will be necessary to replicate these findings.

According to Harris (2013) the work of school counsellors in the majority of countries throughout the world is strongly influenced by the North American tradition. The American School Counsellor Association recently professionalised the role of the school counsellor and emphasised the centrality of their role for school success (ASCA, 2012). In the 2009/2010 school year, there was one school counsellor for every 459 students across the USA (Chen, Sable, & Liu, 2011). Currently, it is the responsibility of each US state and Canadian province to develop, implement and evaluate school-based counselling provision (Harris, 2014).

Adelman and Taylor (2010) support a model in which school-based counsellors support teachers and school principals at an emotional and psycho-educational level so that they become more effective in dealing with 'difficult'

students. According to Kourkoutas (2012) a teacher's inability to manage extremely challenging behaviours from students can result in conflicting situations, trapping them in a vicious cycle of negative and ineffective reactions with the "problem" students. A positive relationship with a supportive teacher, in combination with early specialist intervention reduces the risk of a student entering an endless cycle of mutual rejection with his peers and teachers, academic and social failure, or drop out (Kauffman & Landrum, 2013).

In Australia, child and adolescent mental health is regarded as a serious problem that school counselling seeks to address (Sawyer, Arney, Baghurst, Clark, & Graetz, 2000). Sawyer et al. (2000) surveyed 4,500 children and adolescents throughout the Australian continent to determine the extent of child and adolescent mental health problems there. Results were very similar to that of other Australian and global studies indicating that while 14% of this cohort experience mental health issues only one in four will access professional support from a general practitioner, school counsellor or other professional. A particular strength of this study is that data was collected separately for children (4–12 years) and adolescents (13–17 years) since the nature and prevalence of problems differ at these two stages of development. However, the Sawyer et al. (2000) study did not evaluate the effectiveness of interventions provided for children through school counselling programmes which would have added to the evidence base, supported schools and assisted with the distribution of services for children and adolescents experiencing mental health issues.

The provision of school-based counselling tends to vary across states and is influenced greatly by such challenges as geography and difficulties with recruitment (www.agca.com.au). In New South Wales, for instance, where school counselling is

mandatory, provision is well organised and supported, unlike the Northern Territory, where recruitment is a major challenge and where the counsellor-student ratio is 1:2500, the highest in the country (Harris, 2013). Furthermore, issues such as lack of leadership and low salaries have exacerbated problems in recruiting and maintaining staff here. A recent study found that most school-based psychologists and counsellors in Australia are also teachers, which is regarded by some as a precarious position, as the employing authority can easily redeploy them as teachers in the classroom, similar to recent developments in the area of guidance counselling in Irish second level schools (Campbell & Colmar, 2014; McGuckin & O'Brien, 2013). A lack of research and the absence of data on the efficacy of service provision were identified as key areas in need of further exploration, according to Campbell and Colmar (2014).

The provision of school counselling continues to be problematic for other regions in Australia. A study, conducted in Queensland, noted that there was tension between principals and school-based counsellors, particularly around the topic of confidentiality with one counsellor stating that “they would prefer a student not tell them everything so they would not be required to breach their trust” (Kimber & Campbell 2013, p. 213). This concern is supported by extensive global research, suggesting that students are reluctant to access counselling at school due to real or potential breaches of confidentiality (Campbell, 2004). An Irish-based study has validated this view since a significant proportion of primary school students indicated that they would only talk to a school-based counsellor if confidentiality was ensured (Downes, 2004).

Although Singapore has been recognized as having one of the best educational systems in the world, school-based counselling is a relatively young and emerging discipline in the country and has steadily evolved as an important mental health

support for children (Davie, 2014). Substantial government funding has been invested to train counsellors who provide developmental, preventative and remedial counselling to children in elementary schools (Kok, 2013). School based counselling provides individual support for children dealing with issues such as parental neglect, lack of supervision, school refusal and extreme behaviour while workshops are conducted by counsellors for students, teachers, and parents on a variety of topics based on identified needs (Ang, 2008). However, Yeo and Lee (2014) believe that much work is needed to destigmatize attendance at school counselling services and to normalise the process of availing of school counselling by students while Kok (2013) adds that the relationship between school counsellors and teaching staff needs to be strengthened so that students' needs can be better served.

Primary School Counselling Models

The international stance on the prevalence of mental health problems in children tends to link the school environment and mental well-being. Indeed, there is now a growing body of evidence indicating which interventions show sufficient promise for further research and refinement and which can be delivered in community or school platforms through non-specialist workers (Patel & Rahman, 2015). School counselling models, which are being implemented in three European countries, namely, the United Kingdom, Greece and Italy, are outlined here.

While the outcomes of counselling in UK primary schools are still largely unknown, a study evaluating change and predictors of change was conducted and the outcomes of Place2Be⁴'s play-based counselling intervention for 3222 distressed children, aged 4 to 12 years, in 178 schools across the UK were evaluated (Daniunaite, Cooper and Forster, 2015). Findings from this study show that a play-

⁴Place2Be enhances the wellbeing and prospects of children and their families by providing access to therapeutic and emotional support in schools, including school-based counselling, using a proven model backed up by research and training.

based counselling model is associated with significant reductions in psychological distress in primary school children. According to Thompson (2013) a limitation of this study is its focus on the Place2Be service and the lack of comparisons with other organisations providing school based counselling.

Lee, Tiley, and White, (2009) assessed the effectiveness of Place2Be's intervention programme in primary schools in England and Scotland (n=1864) and concluded that the individual and group interventions that are provided are effective in dealing with a broad range of difficulties experienced by two thirds of the participating primary school-aged children, with positive changes in social and emotional wellbeing noticeable to both teachers and parents following intervention. These results have important implication for community service providers, though it could be argued that the voice of the child is missing as only parent-rating and teacher-rating Strengths and Difficulties Questionnaires were utilised in this study.

Cooper (2009), reports on the positive benefits of school-based counselling citing its availability, (increasing the likelihood that every young person will feel that they have someone to talk to about difficulties in their lives), and its accessibility, (referring to short waiting times and its location within schools, making it easier for young people to access). However, school counselling provision in the UK is not without its challenges with a recent review indicating the existence of barriers such as financial constraints (77%), lack of services or qualified professionals locally (61%) and lack of physical space in schools (46%) (British Association of Counselling & Psychotherapy, 2016).

As noted above, school staff are also in need of support. School counsellors in Greece play a critical role in supporting teachers helping their “difficult” children avoid both school exclusion and the risk of developing further mental health problems

(Kourkoutas & Giovazolias, 2015). A recent study, which examined teachers' perceptions of individual and systemic factors related to children's social dysfunctions and methods of managing critical situations within school contexts, confirmed the need for teachers to be supported and guided in meaningful ways in their work with children presenting with challenging behaviour (Kourkoutas, Georgiadi, & Xatzaki, 2011). A specific integrative whole-school counselling model is now being implemented successfully within the school context to respond to the many challenges of the Greek educational system and the recent social economic crisis (Kourkoutas, 2012). The model integrates elements of systemic, psychodynamic and resilience based thinking and has been implemented successfully in Cretan schools since 2007. The central focus is to promote insight into the emotional and interpersonal factors of children's problematic functioning for teachers so that they become adept at supporting their students' mental health and wellbeing. The teacher/student working alliance and emotional intelligence is central to this model in enhancing the students' academic and emotional resilience (Cohen, 2013). However, while the focus of this model is on enabling teachers to be more resilient and confident in dealing with difficult students, Kourkados (2012) acknowledges the counsellor's role as paramount in assisting teachers to overcome their personal and professional resistance and limitations.

According to Remley, Bacchini, and Krieg (2010), school counselling in Italy is still being developed with very few schools employing full-time counsellors. School counselling practice tends to be more oriented towards the remediation of problems with counsellors providing consultative services to teachers and parents and remedial counselling services for students with problems. A school counsellor-led, research-based, preventative curriculum entitled 'Eccomi Pronto' or 'Here I am

Ready' is currently being implemented in primary schools in Italy (Bertolani, Mortari, & Carey, 2014). The programme is story-based and is designed to promote self-direction, active engagement in school and pre-literacy skill development. Positive responses have been received from both teachers and parents with teachers citing the beneficial effect of the programme on the class social environment, student engagement and student academic behaviours, with reluctant or withdrawn students more likely to participate. More evaluation would be needed to determine the outcomes and assess the efficacy of such preventative curriculum-based counselling programmes in primary schools.

The mental health and emotional well-being of primary school children in Ireland.

While there is a dearth of research available on the subject of counselling demand and provision in Ireland, a growing body of evidence is emerging that examines the topic of mental health and well-being in children and young adolescents in Irish primary schools (Cannon, Coughlan, Clarke, Harley, & Kelleher, 2013; Coughlan et al, 2014). One such study has concluded that one in three adolescents are likely to have experienced some type of mental disorder by the age of thirteen years, with anxiety and mood disorders being the most prevalent presenting issues (Kelleher, Connor, Clarke, Devlin, Harley & Cannon, 2012).

Another major study on the mental health of young people in Ireland, Cannon et al. (2013) found that, of the 212 young adolescents interviewed, deliberate self-harm and suicidal ideation had been experienced by 1 in 15 of this 11-13 years age-group, at some time in their lives. A further study was conducted to investigate the prevalence of DSM-IV Axis 1 mental disorders in a school-based sample of Irish children aged 11 to 13 years. Findings from this study reveal that over 1 in 4 Irish

children aged 11 to 13 years may be experiencing a mental disorder at any given time and that almost 1 in 20 are either engaging in deliberate self-harming or experiencing suicidal thoughts (Coughlan et al., 2014). Moreover, the National Self-harm Registry Ireland Report (2016) indicates that the rate of self-harm was higher among females than males in all areas of Ireland with results indicating incidents as 226% higher in the 10 to 14 years age bracket. This evidence confirms other international studies which found that self-harm behaviour is far more common among females than males (Madge et al. 2008; Evans, Hawton, Rodham, & Deeks, 2005). The prevalence rates of young people experiencing mental health difficulties have been evidenced in other international studies and indicate the need for urgent intervention and support for this vulnerable cohort (Sawyer et al. 2000; Woo et al. 2007; Waddell et al. 2005; Zubrick et al. 2000).

The most compelling evidence regarding the mental health needs of young people in Ireland is contained in the My World Survey national study administered to young people in Ireland in 2011 (Dooley & Fitzgerald, 2012). The study, which provides data on risk and protective factors of mental health among 14,306 young people, found that this cohort are experiencing, at a much younger age, the personal and social pressures that adolescence brings and reaffirms the need for an early intervention component within the Irish mental health care system (O'Reilly, Illback, Peiper, O'Keeffe, & Clayton, 2015). It is interesting to note that, with the exception of the Growing Up in Ireland longitudinal study (Williams et al., 2009), all studies focus on the upper primary school child and young adolescent (11 to 13 years) to the exclusion of the younger aged children. This pattern is also evident in the international studies discussed above. Since the 11 to 13 years age group equates to upper primary school level in Ireland, implications of these studies point to the need

for a more comprehensive early prevention, detection and intervention service which can respond to the high level of mental health need among Irish children and young adolescents so that young people are protected against the risks associated with mental ill-health across the lifespan (Kelleher et al., 2012).

Within an Irish context, the importance of child social, emotional and behavioural well-being and physical and mental health and the rights of the child are recognised in the National Children's Strategy 2000-2010 (Department of Health and Children, 2000). A comprehensive literature search has failed to identify any studies pertaining to counselling provision in primary schools in Ireland. However, one evidence-based programme which considers the emotional and behavioural needs of children of primary school age in Ireland and which was identified is the Incredible Years Programme (Davenport & Tansey, 2009). This programme was designed for the early treatment and prevention of conduct disorders in childhood and comprises of specially designed programmes that target primary school children, their parents and teachers, with a view to improving social and emotional functioning and reducing or preventing emotional and behavioural problems (Webster-Stratton & Hancock, 1998). However, while the programme focuses on working with parents and teachers it does not offer a counselling strand for children.

Numerous studies have demonstrated the efficacy of the school-based 'Friends for Life' programme, leading the World Health Organisation to cite 'Friends for Life' as the only evidence-based programme effective at all levels of intervention for anxiety in children (WHO, 2004). This school-based programme promotes emotional resilience and reduces anxiety in children and its effectiveness has been evaluated in primary schools in Carlow and Kilkenny with Crosbie, Charles, Peel, Moran, Cullen,

Carroll and Buckley (2011) finding significant improvements in anxiety and self-esteem measures continuing for three months after completing the programme.

Another Irish study, conducted by Rodgers and Dunsmuir (2015) with 62 children aged 12 to 13 years reported the promising effects of the 'Friends for Life' school based CBT programme on children's overall anxiety and separation anxiety symptoms. The study concluded that therapeutic interventions can be equally effective when delivered in educational settings by an appropriately trained professional as in clinical settings. While these studies of therapeutic programmes shed some light on the value of such programmes in schools, the findings are based on small samples with participants from lower socio-economic backgrounds and therefore are somewhat selective. They also refer to a different level of therapeutic intervention than that available in school based counselling, whether individual counselling or group therapy. It is unclear from the limited literature available whether the dearth of research conducted on counselling in primary schools in Ireland is related to the lack of such provision or the lack of resources to conduct research.

It is evident from the above review that school based counselling is an under-researched field of practice. While many of the studies presented here have highlighted the prevalence of mental health difficulties in young people the focus has been predominantly on the adolescent age bracket. Consequently, more information is needed on the pre-adolescent child since it is clear from the evidence presented here that there are significant proportions of children experiencing mental health difficulties which will inevitably impact on their presentations in schools. Given the connection between positive emotional mental health and well-being and the ability to learn and engage in the classroom, as well as the length of time children spend in

school, it is clear that schools are in a central position to promote positive mental health among this cohort.

A further pattern to emerge from the literature reviewed relates to the importance of the creation of a national mental health and wellbeing policy since higher priority may be placed on the school's role in providing support in countries where such a policy exists. However, it is clear that the implementation of a national policy in this area tended to be ad-hoc with little evidence available about how schools implement these policies or indeed whether policies are being implemented in individual schools. Given the importance of policy and the lack of information worldwide about what policies there are, more research is necessary to address this gap in the literature.

While several of the large scale studies reviewed did not examine specific school counselling provision, those studies which did provided limited information on service efficacy. Furthermore, as noted earlier, there is a distinct lack of evidence pertaining to the voice of the child in the literature reviewed, indicating the need for more development of research instruments which would be suitable for use with the younger cohort of children.

Conclusion

This chapter has presented evidence testifying to the increasing concern about the emotional and psychological mental health needs of primary school children and has referred to peer-reviewed research pertaining to primary school counselling in an international context. These studies have highlighted the relationship between emotional wellbeing of children and academic achievement, with reports of a child's unmet needs impacting on their ability to learn. In addition, poor mental health in children from lower income families has been identified. While evidence is presented

regarding the levels of self-harm experienced by 10 to 24 year olds, it must be noted that there is a dearth of evidence available concerning the self-harming behaviours of 4 to 10 year old children. Overall, these studies indicate that schools have a critical role to play in supporting children and call for the establishment of school-based approaches to identify and support children at risk.

In relation to school counselling provision and challenges in a global context, a review of global studies confirmed that, while mental health provision is considered a priority in many countries, challenges such as funding, lack of national policy, access to specialists and links with agencies are factors that mitigate against provision. In addition, the absence of a national policy for mental health and wellbeing in schools has been identified, with findings indicating the high prevalence of stress and depression among teachers endeavouring to cope with student emotional, psychological and behavioural needs. Literature pertaining to the level of provision globally highlights the promising results of the use of a CBT school counselling model in primary schools in the United Kingdom while the presence of both student and teacher mental health policies in schools in Queensland, Australia, places focus on the need for support for staff as well as students. Studies also indicate that a positive teacher/student relationship and early specialist intervention are important factors for a child's mental health and well-being across the lifespan.

Challenges to school counselling provision identified in the studies reviewed included the lack of research into efficacy of the service and student concerns regarding breaches of confidentiality during the counselling process, resulting in their reluctance to attend school based counselling. In addition, the need to normalise and destigmatise attendance at school counselling for students was noted while the

provision of a developmental, preventative, remedial counselling service to children was a recommendation from one global study.

Three international primary school counselling models have been identified during a review of the literature with the UK, play-based, Place2BE model showing positive changes in social and emotional wellbeing in children. The Greek integrative model focused on enabling resilience in teachers, while the Italian counsellor-led, preventative programme placed emphasis on counsellors supporting teachers and remedial counselling with students. The positive benefits of school-based counselling were highlighted, namely, its availability and accessibility, while barriers and challenges to provision were also presented.

Current research regarding the emotional and psychological mental health of children in Ireland focuses primarily on the 11 to 13 year old age-group with findings indicating the prevalence of suicidal ideation and self-harming incidents among this age bracket. While the studies reviewed have highlighted the need for earlier prevention, detection, and intervention measures to be made available for this age group, it is evident that a dearth of research exists which investigates the prevalence of emotional, psychological or behavioural needs of the primary school child aged 4 to 12 years. Therefore, little is known about the emotional needs of primary school children in Ireland.

Two mental health and wellbeing programmes in primary schools in Ireland were identified during a review of the literature and these include the Incredible Years programme, empowering parents and teachers in dealing with conduct disorders and the Friends for Life programme, promoting emotional resilience in children. Findings from these studies indicate that, while the Friends for Life programme has been found

to reduce anxiety in children, the level of therapeutic intervention differs to that of a school based counselling service, which would provide individual support to children.

Considering all of this evidence, it seems that while school based counselling is an under-researched field of practice, schools are in a central position to promote positive mental health and wellbeing for students. The evidence presented here seems to indicate a pertinent role for the creation of a national mental health and wellbeing policy which could have far-reaching implications in terms of the emotional and psychological wellbeing of the primary school child.

The review of the literature on school counselling presented in this chapter confirms that a dearth of research exists in relation to the current state of school counselling in Ireland. While many wellbeing programmes are being implemented, school counselling does not form part of these programmes. Yet, the author is aware, from her own professional experience as both a teacher and a psychotherapist, that some primary school children do access school counselling, albeit not as a formal service delivered across the country in a systemic manner. This study aims to capture the national landscape as to the counselling needs of primary school children and what provision there is currently with regard to these counselling needs. It is hoped that the present study should partially address the gap in the literature on the topic of school counselling and provision in Irish primary schools.

Chapter 3: Methodology

This research study, incorporating a mixed methodological approach, explores counselling demand and provision in the Irish primary school sector, for children aged 4-13 years. This approach will allow for gathering and analysing data at a national level on the perceived demand and current provision of school counselling in Irish primary schools and it is hoped that the findings will inform national policy on this important area, in addition to filling an existing gap in the evidence base.

This chapter will present the research design of this study, a mixed methods study comprising of two phases an online survey and an interview phase. A discussion follows concerning the development of mixed methodology, which is the approach of choice for this study (Johnson & Christensen, 2004). The author identifies the philosophical pragmatic stance which underpins a mixed methodological approach and compares the strengths and weaknesses of utilising such an approach for this unique study. The methods are outlined and an overview of the procedures undertaken in both the recruitment of participants and in the data collection phase, are included. Finally, the areas of data management and data analysis are explained and ethical approval and considerations elaborated upon by the author.

A Mixed Methodological Approach

A research design addresses different aspects of the research procedure, from philosophical assumptions to data analysis and therefore, it is reasonable to conclude that some issues are best researched by employing different methodological approaches (De Lisle 2011). Johnson and Onwuegbuzie (2004) refer to the existence of a trilogy of major research paradigms: qualitative research, quantitative research,

and mixed methods research. According to Creswell (2013), a historical evolution occurred in relation to the development of quantitative and qualitative approaches in social scientific research studies, with a quantitative approach dominating research studies from the late nineteenth century to the mid twentieth century. From then onward, researchers developed an increasing interest in the qualitative area of methodologies and a mixed methods approach emerged, based on the view that “a pragmatic, wide-angled lens,” which utilised all data sources available to answer practical questions was needed (Teddlie & Tashakkori, 2011, p. 286). Indeed, Bergman (2008) notes that mixed methods methodology has enjoyed greater popularity over the lifetime of the social sciences than mono method studies while Howe (1988) states that no incompatibility between quantitative and qualitative methods exists at either the level of practice or that of epistemology and therefore there are no good reasons for researchers to fear forging ahead with what works. The emergence of a mixed methods approach offered a third alternative, based on a pragmatist paradigm and subsequently was referred to as “the third methodological movement” (Tashakkori & Teddlie, 2010, p. 11). Pragmatism, which is typically associated with mixed-methods research, primarily focuses on the research problem and the questions asked rather than the methods (Creswell & Clark, 2007).

A Pragmatist Paradigm. A paradigm is a worldview or a set of assumptions about how things work and a basic set of beliefs guiding action (Guba, 1990). The term ‘paradigm’ was introduced by Kuhn (1962), to signify a conceptual scientific framework or model for examining problems and finding solutions. Rossman and Rallis (2003), define paradigm as ‘shared understandings of reality’ while others state that researchers bring certain perspectives, beliefs and assumptions to the research

process and when these are combined a paradigm is formed (Denzin & Lincoln, 2011).

A paradigm is typically said to include a stance about the nature of reality or ontology, the nature of knowledge or epistemology and the methods involved in the process or methodology (Denzin, 2010). Ontology is more concerned with the social reality or the nature of being and existence whereas epistemology encompasses the researcher's standpoint on the nature of knowledge or learning (Morrison, 2002). Ontological and epistemological stances influence the philosophical paradigms that inform research by providing frameworks of ideas and perspectives upon which methodology is based (Ponterotto, 2005).

Pragmatism is generally regarded as the philosophical underpinnings of a mixed methods design (Biddle & Schafft, 2015). It provides a set of assumptions about knowledge and inquiry that underpins the mixed methods approach and distinguishes the approach from purely quantitative approaches that are based on a philosophy of positivism and from purely qualitative approaches that are based on a philosophy of interpretivism or constructivism (Johnson & Onwuegbuzie, 2004; Rossman & Rallis, 2003). Johnson and Onwuegbuzie (2004) describe pragmatism as placing high regard for the reality of and influence of the inner world of human experience in action, where knowledge is viewed as being both constructed and based on the reality of the world we experience and live in. Many theorists advocate taking a pragmatic view, arguing that both quantitative and qualitative approaches are complementary and compatible (Johnson & Onwuegbuzie, 2004; Creswell & Clark, 2007). Indeed, Feilzer (2010) posits that pragmatism is a commitment to uncertainty and cautions researchers about the possibility of unexpected data emerging, while at the same time being cognisant that research findings and outcomes are relative and

not absolute. However, Mackenzie and Knipe (2006) believe that while some paradigms may appear to favour the use of qualitative or quantitative approaches, no one paradigm actually prescribes or prohibits the use of either methodological approach.

Rationale for Mixed Methodology. Most paradigms, including those that recommend mixed methods approaches, allow the question to determine the data collection and analysis methods applied, collecting both quantitative and qualitative data and integrating the data at different stages of inquiry (Creswell, 2003). Methodological eclecticism is an essential characteristic of mixed method research and a researcher employing this theory is a connoisseur of methods, who utilises the most appropriate techniques available to investigate the research question (Teddlie & Tashakkori, 2011). Indeed, Mertens (2003) suggests that converging numeric data with qualitative data can provide a greater understanding of a research problem. It is interesting to note that Hanson, Creswell, Clark, Petska and Creswell (2005) favour using a mixed methods approach in studies associated with the field of counselling and psychology, making it possible to convey the needs of individuals or groups who are marginalized or underrepresented.

Johnson and Turner (2003, p. 299) refer to “the fundamental principle of mixed research” where quantitative and qualitative methods are mixed in a complementary way while, at the same time, recognising the limitations as well as strengths of all methods. An examination of the general characteristics of both methods confirms this view. Onwuegbuzie and Leech (2005) believe that while the qualitative method provides an insider's viewpoint, allowing the researcher to gain a greater depth of understanding for the participant's personal experiences of phenomena, its data collection and analysis procedures tend to be time consuming and

results can be influenced by the researcher's personal biases. Conversely, a quantitative approach can be employed to obtain data that allows quantitative predictions to be made and, in this instance, data collection is much less time consuming, is precise, definitive and standardized, since statistical software packages such as SPSS are generally utilised (Creswell, 2003). This method also proves useful for studying large groups of participants over a wide geographical area, such as the nationwide survey employed in this study. However, a disadvantage of utilising a quantitative approach is the possibility for confirmation bias to occur since the researcher may focus on hypothesis testing rather than on hypothesis generation and miss out on discovering unpredicted phenomena (Johnson & Onwegbuzie, 2004).

For this study, the merging of both qualitative and quantitative methods in a mixed methodological format will allow for a broader and more complete range of research questions to be generated since the researcher is not confined to a single approach. It is clear that a combination of qualitative and quantitative research in a mixed methodology can produce the necessary knowledge to inform theory, practice and policy and can add insights and understanding that might be missed if only a single method were to be used. Therefore, a mixed methodology fits with the current study as the aim is to capture information at a national level yet also explore questions relating to counselling provision in a more in-depth manner that is not possible to achieve through a nationwide survey.

Study Design

Fonagy (2003) maintains that different research questions require different scientific methodologies. Research is defined by hypotheses and questions, which become signposts for explaining the purpose of the study and guiding the research (Creswell & Clark, 2007). While both hypotheses and questions have their place in

the field, whichever approach is taken depends upon the demands of the investigation. For this study, a mixed methods design was considered most appropriate since a survey method in the form of an online questionnaire and semi-structured interviews are best suited to this type of research study. Both research methods are supported by Bryman (2006) who found, in a review of social science articles based on mixed methods studies, that a combination of the use of a questionnaire or structured interview to collect quantitative data and a semi-structured or unstructured interview to collect qualitative data were predominant in the studies reviewed.

A researcher must consider whether to employ a concurrent or sequential design strategy when conducting a mixed methodological study. The concurrent strategy occurs when the researcher collects both quantitative and qualitative data at the same time in order to provide a comprehensive analysis of the research problem. Following this procedure the data is then integrated to interpret the overall results. The sequential strategy, on the other hand, involves beginning with a qualitative method, for exploratory purposes, followed by a quantitative method with a large sample so that the researcher can generalize results to a population. Alternatively, a sequential study can commence with a quantitative method, followed by a qualitative method involving detailed exploration with a small sample of participants (Creswell, 2003).

The design strategy of choice for this mixed methods study is the sequential explanatory design. In this design, the quantitative data is collected first and then analysed. Following this procedure the qualitative data is collected and analysed, elaborating on the quantitative results obtained in the first phase. The rationale for this approach is that the quantitative data and its subsequent analysis provide a general understanding of the research problem. The qualitative data analysis then

refines statistical results obtained in the quantitative phase through an in-depth exploration of participants' views (Ivankova, Creswell & Stick, 2006; Creswell 2003). The strengths of this mixed methods design strategy include its straightforwardness and its usefulness in providing opportunities for a more detailed exploration of quantitative results or when unexpected results arise from the quantitative element of the study (Morse, 1991). Despite the popularity of sequential design, a researcher has to consider certain methodological issues such as when to prioritise the quantitative or qualitative data collection and analysis stages in the study and how best to integrate both in the research process (Morgan 1998; Creswell et al., 2003). Other limitations of this design include the length of time necessary to conduct both phases and the feasibility of resources to collect and analyse both types of data.

Sample Description

Since this study explores the current state of demand and provision of counselling services in primary schools in the Republic of Ireland it was clear that it would be necessary to invite primary school principals and school counsellors currently employed or working voluntarily in primary schools to be participants in this unique study. The research study structure is comprised of two phases. Phase 1 incorporates an online survey and a questionnaire was chosen as the preferred research instrument since it can generate large amounts of high quality data in a relatively economical manner (Pattison, 2007). Phase 2 involves qualitative data collection through semi-structured interviews conducted with five primary school principals and five counsellors currently working in Irish primary schools.

According to 2016/2017 Department of Education and Skills Figures, there are 3,117 mainstream primary schools and 139 special schools in the Republic of Ireland (education.ie). The Department of Education Statistical Database cite 2015/2016

enrolment figures for mainstream schools at 553,380, of which special class child enrolment is 4,355. There are 8,070 children enrolled in special schools (DES, 2016). The sample for the survey represented 1,282 schools, a response rate of 39.4%. Both single gender and mixed gender schools participated in the survey. 93.3% (1196) principals and 5.9% (75) responded, the latter group indicating another role in the school. Types of staff employed by the participating schools include mainstream teachers 97.9% (1255), learning supports 84.2% (1080), special needs assistants 82.9% (1063) and other staff 58.9% (755). The 'other staff' category refer to ancillary staff 24.7% (317), special educational positions 10.1% (130) and therapists/psychologists (1%) (13). Gender make-up of children in the schools who participated in the survey is indicated as 91.6% (1174) Male and 98.9% (1268) Female.

Respondents to the online survey included 92.7% (1188) primary schools, 3.1% (40) Special Schools and 4.2% (54) Other Type schools with participating schools indicating their location as Rural 49.9% (640) and Urban 50.1% (642). Primary schools in Ireland are categorized according to level of disadvantage and this is indicated through DEIS bands. The schools who responded to the survey included Non DEIS 75.7%, DEIS (Band 1) 12.6% and DEIS (Band 2) 11.6%.

The religious ethos of the schools was identified as Denominational 93.6% (1200), Multi-denominational 5% (64) and Non-denominational 1.4% (18). Denominations were specified as Roman Catholic, Interdenominational, Church of Ireland, Methodist, Protestant, Presbyterian and Model. Figures for the religious denominations of children in the participating schools are indicated as Catholic 93.7% (1201), Protestant 35.3% (453), Muslim 32% (410) and Other Denominations 59.1% (758).

According to Creswell and Plano-Clark (2011), qualitative research involves identifying and selecting individuals that are knowledgeable about or experienced with the research proposed. A purposeful sampling strategy (Palinkas, Horwitz, Green, Wisdom, Duen & Hoagwood, 2015) was adopted as the logical choice for this study since the sample met certain criteria, such as working on-site in primary schools as either counsellors, art therapists, play therapists or psychologists. It was hoped that this sample would ultimately generate a thorough database on the research question by drawing clear inferences from the data while at the same time being ethical, feasible and efficient (Kemper, Stringfield & Teddlie, 2003). The sample consisted of five primary principals and five school counsellors who were recruited based on such variables as geographical location, size of school, type of school, whether belonging to a designated DEIS or non-DEIS band and according to a school's existing level of service provision. The sample size ($n=5$ for each subsample) is in line with best practice in qualitative research for conducting in-depth interviews that can elicit detailed comprehensive narratives (Elliot, 2005). Principals and counsellors were selected for interview from schools where on-site counselling is currently being provided. While every effort was made to recruit this sample from both rural and urban areas, the final selection was confined to urban areas only. Counsellors who were randomly selected for interview included two play therapists, one integrative counsellor, one art therapist and one psychological support worker.

Research Instruments

The following section outlines the research methods and their relevance in addressing the research questions.

Phase 1: Survey Questionnaire. Surveys have been selected as an appropriate research method in this study as one of the aims of the research is to

investigate the demand and provision of school counselling at primary level education in Ireland. Phase 1 of the study incorporated an online survey which was administered to primary school principals.

The survey instrument, a questionnaire, contained both open and closed questions as well as scale questions where principals had the option of selecting an answer ranging on a five-point scale from 'strongly agree' to 'strongly disagree'. Space for principals to comment on their responses or give further detail was also provided. The survey questionnaire was designed specifically for this research (Appendix A). The decision to create a new instrument rather than use an existing one was made as no existing survey instrument met the requirements for this unique study. The instrument design was informed by school counselling scoping studies conducted in the United Kingdom and internationally (Welsh GSR, 2011; Harris, 2014; MacArthur, Cooper, & Berdondini, 2012). Contact details for the Lead Researcher were included on the participant information sheet which was distributed to all survey participants (Appendices E/F). Participants were also invited to provide their contact details if they wished to participate in Phase 2 follow-up interviews.

The questionnaire was subdivided into three sections. The first section enquired about the demographics of the school in terms of staff numbers, gender make-up of children, school type, locality in terms of rural or urban area, DEIS band, religious ethos and denomination and whether or not the school possessed a written policy on child mental health and welfare. Section Two dealt with questions pertaining to the emotional needs of children. Here, respondents were invited to select the emotional issues which children experience and to rate the five most prevalent issues children presented with in the past year. This section also enquired about the number of psychological assessments and counselling support sessions

accessed by children in the past year. In addition, respondents were asked to comment on the nature and number of critical incidents experienced by their school in the past year and what supportive resources were drawn upon to deal with these. The National Educational Psychological Service (NEPS) defines a critical incident as “any incident or sequence of events which overwhelms the normal coping mechanisms of the school” (p.16). Such incidents can include the death of a student or staff member who was terminally ill, the death of a parent or sibling, a fire in school not resulting in serious injury, serious damage to school property, the sudden death or suicide of a student or staff member or a violent death (Department of Education and Skills Ireland, 2016).

The final section in the questionnaire enquired about counselling supports or resources available to schools and the satisfaction levels experienced by respondents in relation to the impact of school-based counselling services on the behaviour, attendance and attainment of children. Likert Scales were used to determine levels of satisfaction versus dissatisfaction among participants with existing counselling provision (Kinnear & Gray, 2004). Respondents also rated satisfaction levels in terms of the adequacy of their school’s role in positive mental health promotion. Concluding questions in the survey enquired about the availability of adequate accommodation for the provision of a school counselling service and provided an opportunity for respondents to comment on the way in which emotional well-being among children is promoted in their particular school.

The use of research software allowed for the collection and analysis of quantitative data from 1,282 respondents as data was automatically imported into the Qualtrics programme (Qualtrics, Provo, UT). Completed questionnaires were analysed using a predictive analytics software package known as SPSS, which injects

certainty and predictability into research (Kinnear & Gray, 2004). The strategies for data analysis will be discussed later in this chapter.

Phase 2: Interview Schedules. The second phase of this study consisted of a series of qualitative interviews with principals and school counsellors working in primary schools in Ireland. A sample size of five principals and five counsellors (n=10) was selected for Phase 2. Three of the interviews were face-to-face personal interviews conducted by the researcher in the participants' natural setting, that is, in primary schools, with the remaining seven interviews conducted by telephone. All interviews sought opinions on results and conclusions reached in the quantitative phase of the study. Questions for the qualitative study were scripted so as not to influence the subjects, and although interview venues or methods varied, all possible efforts were made to keep the interview procedure consistent in the application of the interview structure, recording, transcription and coding of the interview material. Interviews with both sub-samples were conducted in a similar fashion with the focus of enquiry for school counsellors on the circumstances in which counselling is recommended for a child, what is offered and the benefits of providing this service (Appendices H/I).

Semi-structured interviews are the “most common qualitative strategy used in mixed method design” (Morse and Niehaus 2009, p.127). Gubrium and Holstein (2003, p.78) consider that all participants in the interview process are “inevitably involved in making meaning”. A standardised open-ended interview technique, with scripted questions and prompts, was selected for this study to ensure that the interview process would be highly focused and responses would be easy to compare (Quinn Patton, 2002, p.346). This technique allowed the interviewer to remain active and to request further explanation when necessary while allowing the participant's

perspective to be expressed freely in an open-ended response. The interview schedule for principals (Appendix H) sought to build on the findings of the survey and consisted of questions regarding the funding of the service and the nature of provision with the focus of enquiry for school counsellors (Appendix I) on the circumstances in which counselling is recommended for a child, what is offered and the benefits of providing this service. Interviews were recorded and subsequently transcribed verbatim. Data from interviews and open-ended survey questions were analysed thematically by drawing on a framework for thematic analysis. This process will be discussed in more detail in the data analysis strategies section.

Pilot Study. Johnson & Onwuegbuzie (2004) state that the goal in every study, regardless of research paradigm, is to obtain data that have one or more of the following characteristics: trustworthiness, credibility, dependability, legitimacy, validity, plausibility, applicability, consistency, neutrality, reliability, objectivity, confirmability and transferability. In consideration of these factors, a decision was taken to proceed with a preliminary data collection stage and a pilot study was conducted in order to test the reliability and suitability of the survey instrument. One of the advantages of conducting a pilot study is that it can alert the researcher about where the main research project could fail, where research protocols may not be followed or whether proposed methods or instruments are inappropriate (van Teijlingen & Hundley, 2001). Eighteen principals known to the researcher were invited to participate in the pilot study. Thirteen principals agreed to participate and participant information sheets and informed consent forms (Appendix G) were forwarded to these which included details regarding the background and aims of the study, benefits and risks for participants, anonymity and confidentiality issues and a

link to the survey. It was clarified that, by providing contact details, participants' responses would not be anonymised but confidentiality would be assured.

Piloting the survey in this way revealed some minor issues relating to survey design. Participants were offered ongoing telephone and email support throughout the process and any issues which arose, in negotiating the online survey, were rectified. Following feedback received, required adjustments were made. These included eliminating unnecessary text boxes, adding percentages boxes where necessary and structuring each question for ease of movement through the survey. Then the survey was ready to be used as an instrument for data collection.

Data Collection

Phase 1. The survey questionnaire, which had been tested during the pilot study stage, was now disseminated to all primary school principals in Ireland. This was achieved through two mechanisms: with the cooperation of the Irish Primary Principals Network, the link was published in their fortnightly newsletter to principals in June 2015; secondly, the survey link was emailed directly to principals using the Department of Education and Skills email listing for primary schools and special schools. A reminder email was sent to all primary schools on a monthly basis and principals were subsequently alerted to the fact that the online survey would close on 22nd February 2016. At the closure stage there were 734 respondents (out of a total of 3,256 schools) including those who participated in the pilot study. It is important to note that those who completed the anonymised survey were deemed to consent by their decision to do so. To guard against duplication of survey occurring, pilot study participants were advised not to participate a second time since their responses would be merged with the Phase 1 responses and analysed accordingly.

Given the 22.5% response rate and the potential for this study to have significant impact on policy development, the survey was re-opened in October 2016. The principal supervisor spoke about the study on national radio and appealed to school principals to participate. This resulted in the response rate increasing to 39.4%. The study was closed on 28th February, 2017. This was followed by the conducting of Phase 2 interviews. Data collection and analysis procedures of both phases will be elaborated upon later in this chapter.

Phase 2: Interviews with Principals and Counsellors. This phase commenced in November 2016. A selective sample was drawn from the group of primary school principals who had indicated their interest in participating in Phase 2 and who had provided contact details during the online survey in Phase 1. Participants were contacted by letter or telephone inviting them to participate in Phase 2 of the study. An information sheet outlining the aims and purpose of the study was emailed to those in agreement. Written informed consent was sought from all participants prior to commencement of interviews. Participants were informed about such factors as the length of the interview (50 to 60 minutes), and location of interview, namely, school office, or by telephone. Snowball sampling was used to recruit school counsellors via the school principals who participated in Phase 2 or through counsellors who came forward and expressed an interest in participating in the study. These principals were asked to provide an Information Sheet to the Counsellors who work in their schools, requesting that counsellors make contact with the researcher if they wished to participate in the study (Appendix F).

Three of the interviews were face-to-face personal interviews conducted by the researcher in the participants' natural setting, that is, in primary schools, with the remaining seven interviews conducted by telephone. All possible efforts were made

to keep the interview procedure consistent in the application of the interview structure, recording, transcription and coding of the interview material. Interviews with both sub-samples were conducted in a similar fashion.

The researcher interviewed this selected group in an effort to establish the current level of provision of school counselling, the nature of counselling offered and the benefits and challenges associated with providing this service. Questions pertaining to the funding of the service, concerns about provision and whether the existing service meets the needs of children at present were also included in the interview schedule (Appendix H). Interviews were recorded and subsequently transcribed. Qualitative data, collected during this phase was analysed and coded using thematic analysis (Burnard, 1991). An in-depth discussion on data analysis procedures will follow.

Data Analysis

According to Sale and Lohfeld (2002) social sciences is the only field where qualitative, descriptive and inferential methods are all used, and often in thoughtful and complementary ways. Data analysis in this research study follows a sequential quantitative-qualitative analysis pathway with the qualitative data analysis phase following the quantitative data analysis phase. Onwuegbuzie and Teddlie (2003, p355) assert that, at the data analysis stage, mixed methods analyses offer “a more comprehensive means of legitimizing findings” than quantitative or qualitative analysis alone.

Data Analysis: Phase 1. Descriptive statistics is the discipline of quantitatively describing and summarizing the main features of a collection of data (Collins, Onwuegbuzie, & Sutton, 2006). Certain preliminary tasks were carried out during this study before the data analysis phase commenced. Data was imported from

Qualtrics to SPSS (2012). After the Pilot and Phase 1 surveys were merged the data was cleaned. Any empty cells were filled with 0 for no response or 99 indicating missing data. Categories were created for similar data sets, whether quantitative or qualitative and values were attributed to these groupings for all questions. These were manually inputted to variable view. Descriptive statistical analyses were conducted, generating frequency tables and pie or bar charts for all survey responses. Following this, inferential statistical analyses were carried out to compare whether distributions of categorical variables in selected survey questions differed from one another (Barton & Peat, 2014). Chi-squared, Mann Whitney U and Kruskal Wallis H-tests were used to explore possible relationships between variables. Chi-square is useful for analysing whether a frequency distribution for a categorical or nominal variable is consistent with expectations or whether two categorical or nominal variables are related or associated with each other. The Mann-Whitney U test is used to compare differences between two independent groups when the dependent variable is either ordinal or continuous, but not normally distributed (SPSS, 2012). The Kruskal Wallis H-Test is a non-parametric test and is used when the original data set consists of one nominal variable and one ranked variable (McDonald, 2014). A more in-depth discussion on findings from the data analysis process will be discussed in Chapter 4.

Data Analysis: Phase 2. According to Holloway and Todres (2003), it is important to choose a method that is appropriate to the research question so that the method of analysis is driven by both the research question and the researcher's broader theoretical assumptions. Any theoretical framework carries with it a number of assumptions about the nature of the data and what they represent in terms of the world and reality and according to Braun and Clark (2006), a good thematic analysis will make this transparent. Themes capture important data relating to the research

question, and represent some level of patterned response or meaning within the data set. For instance, Onwuegbuzie (2003) demonstrated how themes emerging from qualitative data analysis can be analyzed to obtain meta-themes that subsume the original themes, thereby describing the relationship among these themes.

Through its flexibility, thematic analysis provides a useful research tool, which can potentially provide a rich and detailed, yet complex account of data (Braun & Clark, 2006). However, Reicher and Taylor (2005) assert that the theory and method need to be applied rigorously, and “rigour lies in devising a systematic method whose assumptions are congruent with the way one conceptualizes the subject matter” (p.549). It must be noted that analysis is not a linear process of simply moving from one phase to the next but rather a more recursive process, where movement back and forth occurs, where necessary, throughout the phases (Braun & Clark, 2006).

The advantages of thematic analysis far outweigh its disadvantages. In addition to its flexible quality, it is a relatively easy and quick method to learn and implement and consequently is attractive to first time researchers who may have little or no experience of qualitative research. Furthermore, thematic analysis can usefully summarize key features of a large body of data while highlighting similarities and differences across the data set. A particular advantage for its use in this research study is that thematic analysis allows for social and psychological interpretations of data and can be useful for producing qualitative analyses suited to informing policy development, an important element which the researcher hopes to achieve at the conclusion of this study (Mays, Pope & Popay, 2005). Ultimately, Denzin and Lincoln’s (1994) description of qualitative research as “inherently multimethod” and the qualitative researcher as a “bricoleur” who pieces together emergent solutions to a

puzzle, "a jack-of-all trades who adapts the means at hand" urges any fledgling researcher to ensure that rich and detailed data emerges from the thematic analysis stage of this research study (Bazelay, 1999, p.279).

Inductive or deductive methods are used to analyse qualitative data. Burnard (1991) devised a pragmatic method of thematic content analysis, based on a grounded theory approach, which adopts a fourteen stage process for analysing qualitative interview data. The inductive approach, while time-consuming, is most suitable where little is known about the study phenomenon and therefore is the appropriate choice for this study (Burnard, Gill, Stewart, Treasure, & Chadwick, 2008). The following table merges Burnard's (1991) fourteen stages of data analysis with the NVivo(QSR International, 2011) data analysis process used in this study:

Table 1

Stages of Thematic Analysis

Burnard (1991)	14 Stages	Process of Data Analysis using NVivo
Stage 1	Close reading and note taking	Writing memos after each interview to help categorise the data
Stage 2	Immersion in data	Reading and re-reading the transcript and note-taking
Stage 3	Open Coding	Generating preliminary headings throughout the transcript.
Stage 4	Reduction	Importing transcripts into NVivo and coding data into nodes
Stage 5	Refinement	Developing list of categories and sub-headings (hierarchical coding: NVivo)
Stage 6	Checking	Validating categories by input from other researcher/supervisor
Stage 7	Re-reading	Reading transcript beside categories to ensure suitability. Making adjustments where necessary
Stage 8	Categorisation	Coding and recoding under list of higher level nodes and sub-nodes
Stage 9	Recoding where necessary	Recoding and merging sub-nodes under higher-level themes
Stage 10	Individual Analysis	Reducing and merging higher level themes and sub-nodes
Stage 11	Validity Check	Organising quotations for writing up

Stage 12	Organisation	Preparing to write
Stage 13	Report writing	Writing up process, theme by theme
Stage 14	Linking to literature	Making decisions re findings only or merging Findings and Discussion chapters

Table 1. Stages of Thematic Data Analysis

The first step of the process for analysis of the qualitative data in this research study involved transcription. This included listening to and transcribing the audio-recorded files from Phase 2 interviews. During transcription, the researcher noted any initial ideas from the interview material. The researcher became immersed in the data, entering the interviewee's frame of reference (Rogers, 2012).

Following this, data was read and reread looking for any initial patterns or areas of interest. The next stage involved categorising the content of the transcripts into headings and grouping similar categories together. Once repetitious content was removed categories were colour-coded to identify potential themes and sub-themes. This led to the generation of initial codes and collation of these codes into potential themes, using the NVivo qualitative data analysis software (QSR International 2011). Thematic analysis involves going back and forth between the data and the themes and re-coding until a satisfactory set of themes have emerged (Braun & Clarke, 2006). In the present study, the topics were considered complete when all the relevant data had been represented and the themes and sub-themes had been refined.

While the data for quantitative and qualitative phases of the study were analysed separately, following thematic analysis, the process of integrating both quantitative and qualitative sets of data commenced. This process involved comparing findings from both sets and identifying similarities. For instance, the data from interviews on complex needs providing elaboration and richness to data from the

survey on the emotional needs of children. Once the integration process had been completed analyses were then integrated to provide a more coherent collage of the findings.

Having completed the qualitative analysis, the findings of the survey were revisited to investigate how the findings from both phases could be integrated. In reflecting on the key themes in the qualitative analysis, it became evident that support for these themes was also available from the survey data. This was to be expected given the sequential design of the study, that is, the interview schedule was built from the findings of the survey, thus aiming to elaborate on the findings from the survey. The overarching themes, therefore, represent the integration of both quantitative and qualitative findings from this study.

Ethical Considerations

Kant's deontological and consequentialist approaches underpin research ethics and standards (cited in Hart, 2005). However, it is the former approach that informs contemporary principles of research regarding ethical behaviour as that which is done out of a sense of what is good as opposed to bad, right as opposed to wrong. This proposed research study will emulate the deontological philosophy. It aims to inform and develop practice through dissemination of information and will strive to rigorously attend to quality and integrity, while, at all times, respecting the rights of research participants.

The study obtained ethical approval from the Dublin City University Research Ethics Committee on 11th February, 2015. All potential participants were provided with letters of invitation with a participant information sheet that specifically described what would be expected of participants, the risks and inconveniences for them and other information relevant to their involvement. The letter of invitation was

embedded in an email to which a Participant Information Sheet and an Informed Consent form were attached (Appendices E,F,G). The Phase 1 Participant Information Sheet contained a link to the online survey and participants were informed of the study title, the aims of the study, participant requirements and time taken to complete the survey. It is an ethical obligation to ensure the protection of participants in an online survey and statements to this effect were included in the Participant Information Sheet. According to Oliver (2010), anonymity is the cornerstone of research ethics. Participants in this study were assured that every effort would be made to respect participants' anonymity while data collected would be accessed only by the research team.

The Participant Information Sheet and the Informed Consent Form also dealt with benefits and risks to participants with direct benefits to participants cited as being afforded an opportunity to articulate and identify needs within their own school, while indirect benefits would allow the issue to be highlighted nationally while influencing policy development in this area. Participants were informed that no adverse outcomes of this study were anticipated.

Confidentiality is the management of data to prevent participants' identities from being linked to their responses (Burton & Steane, 2004). Confidentiality issues were clarified in relation to a situation where a participant may disclose potential or actual harm to a minor during interviews, that is, that the participant would be advised that this information would need to be reported to child protection authorities in line with Children First guidelines, the national guidelines for the protection and welfare of children (Children First, Department of Health and Children, 2011). Participants were made aware that confidentiality around data could only be protected within the

limitations of the law since it is possible for data to be subject to subpoena, freedom of information claim or mandated reporting by some professions.

Data protection refers to principles around how data is held securely (Ritchie, Lewis, Nicholls & Ormston, 2013). The data from Phase 2 of the survey was protected by the use of codes (P001, C001) on all transcripts and reports while demographic data was stored separately from the raw data in a secure locked filing cabinet at the office of the supervisor and home office of the Research Assistant (Burton & Steane, 2004). Participants were informed that all data is subject to Data Protection Legislation (Data Protection Act 1998).

Finally, clarity and transparency on the part of the researcher regarding her own beliefs and values was maintained at all times. The issue of researcher bias was addressed by keeping records on the overall research process, by conducting research in a systematic way and by meeting regularly with supervisors. In addition, a well-conducted pilot study can help investigators begin to address instrumentation and bias issues (Chenail, 2011). This process was followed in this study and ensured that potential researcher biases were effectively assessed.

Limitations

Limitations in relation to the quantitative phase of the study refer to the method of survey design. In this instance the questionnaire was replicated from a similar study for comparison reasons and it is probable that the length of the questionnaire resulted in some respondents not completing all of the questions. Certainly one question in relation to the emotional needs of children (Q.12) might have benefited from a more random selection of responses so a potential for bias exists with regard to the way in which this table was presented. Another consideration would be the fact that one category of school type, that of “Rural DEIS”

was omitted, so data from these responses must be interpreted with caution. Limitations in relation to the qualitative phase of the study relate to sampling for Phase 2. While principals and counsellors were the sample groups involved in this phase the inclusion of other groups such as stakeholders, parents and children availing of counselling might have enriched the findings. Therefore, this may be a proposal for future studies on this topic.

Some studies of online survey methods have found that response rates in email surveys are equal to or better than those for traditional mailed surveys (Mehta & Sivadas, 1995; Thompson, Surface, Martin, & Sanders, 2003). Creating the survey online was advantageous for a number of reasons. One advantage is the speed at which data can be collected. The online medium in this study, Qualtrics, collected the data in one place and allowed for ease of data transfer to Excel and SPSS spreadsheet formats. This saved valuable time as data did not have to be inputted manually. The online system also allowed a greater degree of control over the manner in which the surveys were completed since respondents were alerted to any incomplete responses. The fact that participants were computer literate was also an advantage. The survey was initially active for eight months and relaunched for a further four months with monthly reminders emailed to participants. In addition to these advantages, there was no cost involved in using the online survey website. This was also an environmentally-friendly option as there was no need to print or post paper copies of the survey.

Summary

This chapter described the design and methodology of the present study. A mixed methodology (sequential design) based on a pragmatist paradigm and employing an online survey questionnaire and semi-structured individual interviews

was used in the current investigation to elicit the views, experiences and opinions of principals and school counsellors working in primary schools in Ireland, on the current state of counselling demand and provision there. An in-depth discussion on the pragmatist paradigm and the rationale for using a mixed methodological approach was presented. A mixed methods study was outlined, displaying the various phases incorporated in the study. Phase 1 involved distributing an online questionnaire to primary schools nationwide. Phase 2 consisted of semi-structured interviews conducted with five principals and five counsellors in primary schools where on-site counselling is being provided. The chapter continued with an overview of the instruments used in the study, the online survey questionnaire and interviews. Descriptive and inferential statistical analysis of quantitative data and thematic analysis of interviews were carried out. Ethical issues specific to the conduct of quantitative and qualitative research were attended to and the limitations of the study design were discussed. The following chapter presents the study findings.

Chapter 4: Findings

The primary purpose of this study is to ascertain the demand for and provision of school counselling in primary schools in Ireland. Phase 1 of the study utilised an online survey, which was conducted among 1,282 participants, the results of which will be presented in this chapter. Phase 2 involved the use of interviews, which were conducted with five principals and five counsellors in schools where counselling is currently being provided (n=10). Findings from the survey and data from the qualitative interviews will be presented under the following headings: complex needs, ad hoc provision, benefits and going above and beyond.

Complex Needs

Subthemes to be presented under the theme, Complex Needs, refer to presentations of children, social and family issues, critical incidents in schools, cultural issues, schools ill-equipped to respond to complexity of children's needs and "falling between the cracks". Quantitative analysis of the survey sought to ascertain the emotional needs of children in primary schools in Ireland. Participants were asked to indicate from a list, the issues children have presented with in their school in the past year. The range of presenting issues is displayed in Figure 1.

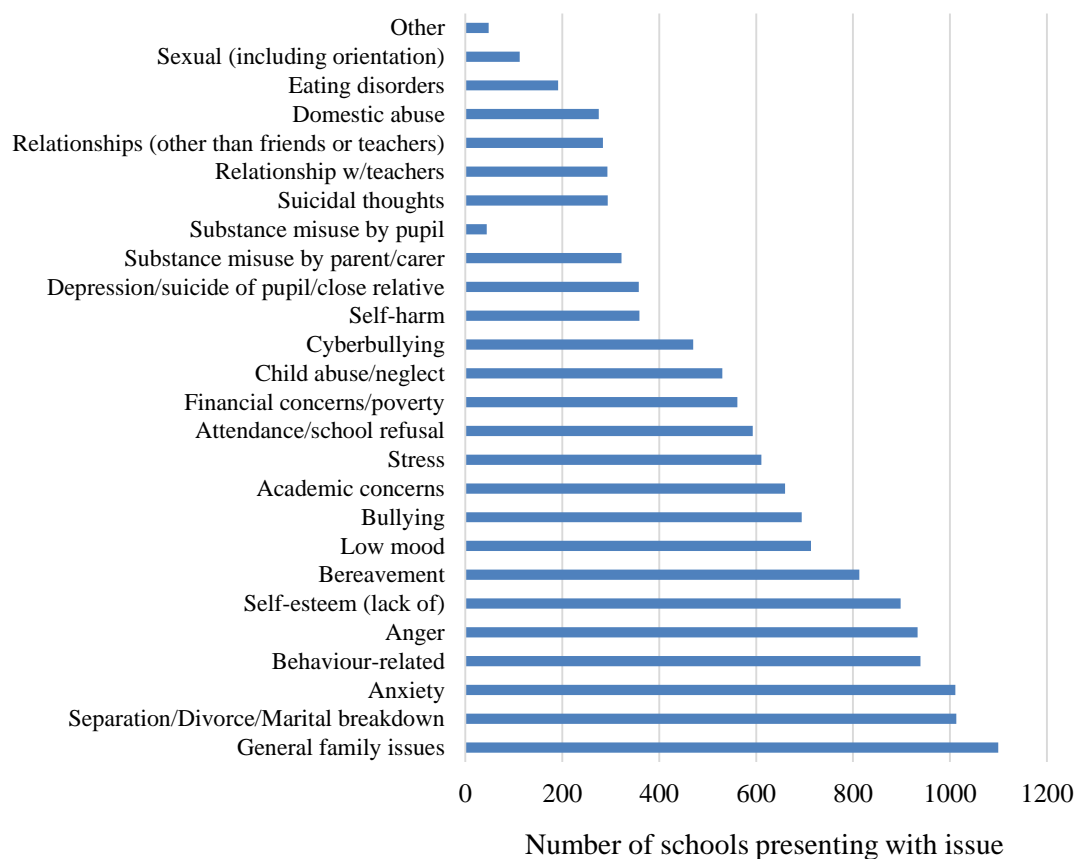


Figure 1. Emotional presentations of children in primary schools (Q.11)

There were 1,282 respondents to the survey, 85.8% (1,100) of whom cite general family issues as a presenting issue for children currently in primary schools in Ireland. This is followed by Separation/ Divorce/ Marital breakdown issues at 79% (1,013), and Anxiety issues at 78.9% (1,011).

Respondents were also asked to rate the five **most prevalent** issues that children had presented with in the past year in their school. General Family Issues were rated as the most prevalent presenting issue in 36.4% (467) schools, followed by behaviour-related in 18% (231) of schools, anxiety in 13.2% (169) of schools, separation/divorce/marital breakdown in 6.3% (81) and academic concerns in 4.6% (59) of schools.

Pearson's chi-squared analyses were conducted to investigate if there was a relationship between these five most prevalent issues (general family issues, behaviour-related, anxiety, separation/divorce/marital breakdown, academic concerns) and a) locality of school (urban or rural), and b) DEIS band of school (non-DEIS, DEIS band one, or DEIS band 2). No significant relationships were found between general family issues and either locality of school $\chi^2(5, n = 1282) = 2.20, p = .82$ or DEIS band of school $\chi^2(10, n=1282) = 7.58, p = .67$; or between behaviour-related issues and locality of school $\chi^2(5, n=1282) = 4.40, p = .49$. However, a significant relationship was found between behaviour-related issues as a prevalent presenting issue and the DEIS band of the school $\chi^2(10, n= 1282) = 19.41, p = .035$ indicating that behaviour related issues may be more prevalent in DEIS schools.

Survey findings in this study relate that schools were asked to report on the number of children attending their school who had been referred for counselling or therapeutic services in the last calendar year. Responses to this question range from 18.7% (240) of participants stating that one child was referred for counselling or therapeutic services to one school reporting fifty-three referrals for counselling in the past calendar year.

According to the current study schools must make referrals to outside agencies for certain children and families who have been identified for such support. The National Educational Psychological Service (NEPS), provides psychological support to primary school children and is involved in assessments and organising behavioural support plans for children, according to this study. Findings from the current study show that out of a total of 1282 schools surveyed, 68.8% (882) stated that they have accessed assessments from NEPS where emotional or behavioural issues were the

primary reason for referral with 31.2% (400) schools indicating that no such assessment has been accessed.

The following pie chart (Figure 2) depicts the findings in relation to the number of psychological assessments that recommended counselling for children. Out of a total of 882 participants, 47.1% had no assessment recommending counselling while 27.6% had one assessment which recommended counselling. Results range up to 0.1% (1) school which had in excess of twelve assessments recommending counselling:

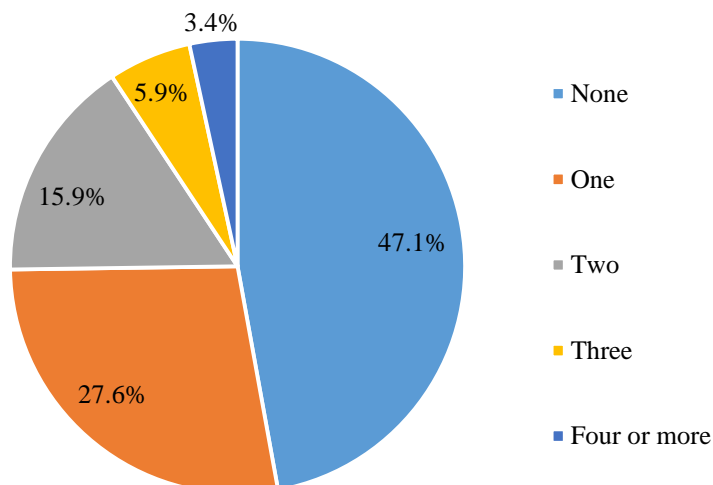


Figure 2. Breakdown of the number of psychological assessments that recommended counselling (n=882). (Q.13a)

According to the analysis of interview data, children are presenting in primary schools with a myriad of issues that impact on their emotional and behavioural wellbeing in the classroom. Issues such as violence in the home, homelessness and incidents of a traumatic nature were noted. Social backgrounds and family systemic issues appear to be significant in impacting on children's mental

health and well-being and as a result, can define the child's emotional presentation and performance in schools.

Both principals and counsellors referred to the "layers and layers" (C004) of presenting issues that many described as both increasing in range and increasing in severity, such as anxiety: "We're just noticing a huge rise in anxiety amongst our primary school children but from speaking to other principals I think we're not alone there" (P003); and cyberbullying: "last year and this year, in both of our fifth classes, there was an element of cyberbullying which we hadn't seen before which we would be very concerned about" (P001); school refusal is another issue which is reported as being more prevalent in middle and senior school levels: "there's one or two incidences maybe in third and fourth class but it just so happens that my two worst cases at the moment are in sixth class" (P004).

Incidents of children self-harming and experiencing suicidal ideation at primary level were reported by both principals and counsellors and warrant referral to on-site counselling: "Issues such as mood swings, bereavement, thoughts of harming and suicide. We have to deal with them even in the primary setting" (C005). According to one counsellor, clinical depression and gender identity issues are becoming more apparent at primary level: "Depression, clinical depression, some of the students had to get medication and other therapies. I suppose what has presented in the past a little bit is around sexuality and I suppose identity. A couple of students who had transgender confusion or issues" (C005). Finally, one principal described a situation "where one of the parents murdered another man so those three children then went to play therapy" (P001).

While many of the issues described represent significant difficulties, participants described many children presenting with difficulties at a sub-clinical

level, for example, children who may present with anxiety but do not fall within the remit of referral to an external agency such as Child and Adolescent Mental Health services: “I suppose we had an explosion oflots of children presenting with anxiety but not on a level of maybe CAMHS” (P002).

The need for crisis intervention for children who self-harm at very young ages was highlighted by both principals and counsellors:

Well the one thing that I’m constantly thinking about is that we’re hearing about the rise of anxiety amongst our children and it’s younger and younger, you know they’re self-harming. We have a child in third class who went through a period of self-harming. He’s only 8. We’ve a child in senior infants who has Pica and the doctor has said it is through anxiety. Now, she has been diagnosed at that at the age of 6 (P003).

Principals described being involved in regular crisis intervention in junior classes where “a lot of crisis intervention was happening at junior infant and senior infant level” (P005). Counsellors also noted the frequency of children at the younger age being referred due to difficulties with emotion regulation: “I’m seeing a lot of junior and senior infants being referred to me encountering difficulties in managing their feelings, in coping with overwhelming emotions and being able to regulate themselves and control their impulses” (C003) among other difficulties: “the younger children could be identified crying in class, lots of worries, isolating themselves in the yard, complaining of stomach pains, a lot of you know physical symptoms, school refusal and the junior school a lot of it would be to do with you know parents, family breakdown and chaotic home life.” (C004)

Autism units are becoming a feature in primary schools with children in these units presenting with other significant difficulties, according to one principal: “some

of those children...would have extra needs such as OCD⁵ and ADHD⁶ and all of the things that go along with ASD⁷ disorders. Not all of those children would need counselling but maybe about half of them would” (P003). The transition of children from the autism unit into mainstream education can have a certain impact on classroom dynamics: “We’ve children actually who have transitioned from our unit to mainstream full-time, even though it’s a very positive thing, but it does bring pressure into the classrooms” (P003). A counsellor in another school described a high level of referrals of children with diagnoses of ADHD and ASD: “A lot that would be referred to me would be those children that would diagnosed with either ADHD, they would be diagnosed with ASD, so they’d be somewhere on the Autism spectrum, behavioural issues and that’s why a lot of referrals would come from teachers” (C001).

Social and family contexts. Both principals and counsellors described the social and family contexts of children who are in need of additional support. Family contexts range from parental separation and child protection issues to alcohol and drug misuse in the home, are being reported on by principals and counsellors alike. Additional difficulties reported included children not knowing their fathers “and that has presented with difficulties around self-identity and things like that” (C004) and having parents in prison, “in the context of the school here six percent of our children, to my knowledge, their parents are in prison” (P005).

Counsellors have described the spectrum of ongoing heroin and benzodiazepine drug misuse among family members “and drugs that you can buy on the street, resulting in chaotic home lives for children” (C004). Principals cited a variety of cases ranging from ongoing domestic violence in the family home with

⁵ OCD: Obsessive Compulsive Disorder

⁶ ADHD: Attention Deficit Hyperactivity Disorder

⁷ ASD: Autistic Spectrum Disorders

child protection orders in place to a case of a child who is homeless: “five cases at the moment of children where there’s domestic violence ongoing in the family home that I know of. I’ve a child protection order in place on one child. I have one child who has got supervised visits with the father” (P005). One principal described having a child in their school who was homeless and “he doesn’t know whether he’s sleeping in a hotel or his granny’s or he’s sleeping in his friends” (P005).

Cultural Issues. Cultural issues were also identified as contributing to the challenges in schools in meeting children’s emotional needs. Principals and counsellors described the multi-ethnic representation of schools that they work in with one principal describing their school as “a unique type where we have 93% international and 47 nationalities” (P001) while in another school “we would have up to 30 or 40 different countries represented among the students” (C005). Participants described the increase in unaccompanied minors who may have come to this country without one or other parent, children who have been “separated from their parents or may have refugee status and are unaccompanied minors...in the space of six months these children have been over and back and everywhere and then they were back to the country of origin and now they’re back here again.”(P001).

The issue of stigma associated with a child from another culture availing of counselling was noted: “in some ways maybe there is a stigma around it, people having counselling” (C005). This awareness has prompted principals and counsellors in two multicultural schools to change the name “counselling” to “mentoring” in an effort to make the service more accessible for all:

The different ethnic backgrounds ...don't want their child to be labelled in some way and to have any kind of mental challenge or intellectual challenge

or to have any mental health issues and so we felt that the word mentoring that covers a broader range of things that I could deal with (C005).

Cultural differences may also impact on the integration process for children from multicultural backgrounds in primary schools in Ireland: “how they discipline their children, that’s a huge one, another is the language...all of them nearly coming in here have very little English...slapping, we don’t do that in Ireland...not mixing, that's a big issue, one child because of their culture is not allowed to play” (P001).

Language issues for both children and their parents were described as leading to additional difficulties such as that described by a counsellor: “Another child with diabetes and because English wasn't his first language he thought diabetes meant that he was going to die. His parents didn't have the English to explain it to him, you know, so sometimes they can have irrational amounts of anxiety around something they just don't understand” (C005).

Falling between the cracks. Finally, both principals and counsellors agree that there is a cohort of children in primary schools who they regard as ‘falling between the cracks’: children who have complex needs that are not being met due to the fact that they may be high achievers and well-behaved in class and therefore do not come to the attention of those in charge “because they not causing trouble they’re not really on the radar” (C002). However, principals and counsellors believe that teachers have become adept at developing an awareness of such children, since they know their children well: “It’s the children that don’t act out in school that are very quiet and very well behaved and sometimes their needs are more complex” (C001). One principal is concerned about children who may not qualify for learning support but present with mental health and well-being issues: “very bright children who didn't fall into the learning support category so offering them help was very difficult and a

lot of their needs were not academic, they were more, I suppose, personal, social and emotional” (P002).

Critical incidents in schools. Survey participants were asked to report if schools had to deal with a critical incident of any nature in the past year. Responses indicated that 22.3% (286) of schools had experienced a critical incident while 74.6% (957) schools out of 100% (1282) respondents had not.

Figure 4 reveals that 119 rural and 167 urban schools dealt with a critical incident in the past year while further inferential analysis using Pearson’s Chi Square revealed that a significant relationship exists between the location of schools and incidences of critical incidents ($\chi^2(2, n=1282)=14.55, p=.001$). Urban schools reported a significantly higher incidence of critical incidents than rural schools in the past year.

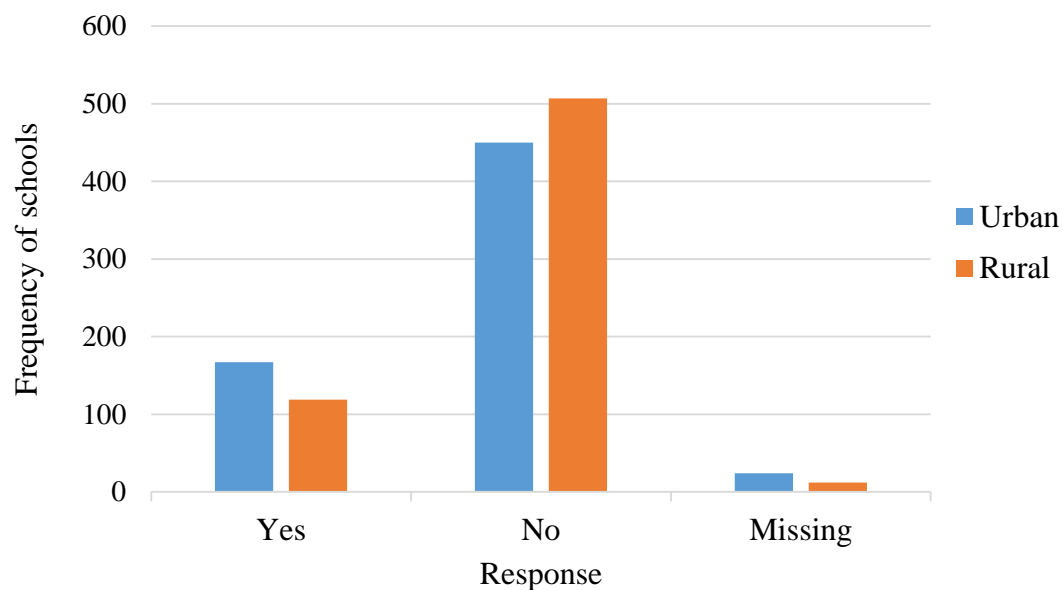


Figure 3. Critical incidents and locality of school (rural/urban) (Q.15, Q.6)

Analysis was also carried out to assess if a relationship exists between critical incidents and type of school and results revealed that 204 Non-DEIS, 46 DEIS Band One and 36 DEIS Band Two schools had critical incidents occurring. However, Chi

square analysis ($p=0.09$) showed that the relationship between incidences of critical incidents and DEIS Band variables were not significant.

Figure 4 shows the types of critical incidents which occurred in primary schools in the past year with the death of a child/teacher/family member (41%), the suicide of child/teacher/family member (16.5%) and an assault/anger/violence by staff/student (15%) ranking highest.

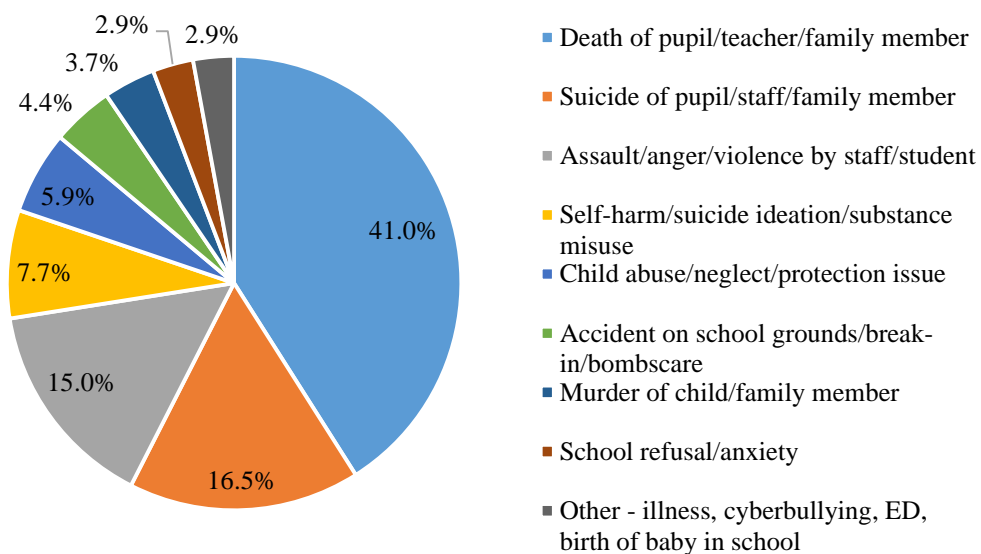


Figure 4. Types of critical incidents in primary schools (Q.15)

Schools ill-equipped to respond to complexity of children's needs. School principals acknowledged, both in the surveys and the interviews, the overwhelming demands placed on them, felt ill-equipped to meet those demands and in some cases found ways to compensate for their lack of training by consulting others or pursuing further training themselves.

Study participants described the extent to which teachers are dealing with issues that are considered outside the limits of their expertise as teachers and, often, this results in teachers providing counselling support, despite their lack of training to undertake such work with children. As one principal notes:

The SPHE⁸ curriculum is delivered by primary school teachers who are excellent at their job but really they have had no therapeutic training. So sometimes they're presented with kids whose needs are so far outside of our expertise in relation to the difficulties that they're having. We really feel like we're only tinkering or dabbling at a very surface level with what's wrong and what they need and they need a therapeutic input (P002).

Principals described how schools are ill-equipped and out of their depths in trying to respond to children's needs. A SPHE curriculum unequipped to deal with the escalating crisis in children's wellbeing leaves schools at crisis point and out of their depths, states one principal:

The SPHE curriculum is no way equipped to deal with the escalating crisis that there is in children's wellbeing. And I think really it has come to a kind of a crisis point where schools really are completely exasperated and out of their depths (P002).

One principal also believes that while teachers "are educators" and will do their best, trained professionals are needed to work therapeutically with children (P004). Other principals referred to the "social work" component of the demands placed on teachers: "I don't know if I taught anything today but I did an awful lot of social work" (P003). In the absence of access to professional counselling services, principals described how others were filling this role: "in a lot of ways the resource teachers and the learning support teachers are doing a lot of counselling without it being in the inverted commas as such" (P005).

In some schools the response to feeling ill-equipped was for teachers to fill this role as "untrained professionals" though "sometimes you come across a child

⁸ SPHE refers to Social Personal and Health Education curriculum was introduced as part of the Primary School Curriculum in 1999.

whose difficulties are way outside that programme and they really do need somebody that is a trained therapist to work through an issue” (P002). Similarly, one principal believes teachers and other on-site professionals “quite frequently fall into the role of counselling for the child and the parents,” a role that is provided unofficially and which they are unqualified to offer (P003). Indeed, providing an unofficial service leads one principal to question the role of teachers: “there is a bit of a conflict and you’d have to ask the question, well, are we performing the job that we were trained for?” (P003).

Principals described how teachers and principals must pursue further training in order to be able to meet the children’s needs (P003). One principal completed play therapy and CBT courses in order to be able to meet the needs of the student population (P001). Principals reported drawing on whatever expertise may be available to them in dealing with children’s presenting issues in schools with one principal consulting a staff member who has counselling training (P004).

Provision of Counselling

Subthemes to be presented under the theme Provision of Counselling refer to referral processes, links with external agencies, funding, accommodation, interest in counselling provision, perceived benefits, support for parents and support for staff. This study sought to ascertain the level of counselling provision in primary schools. Findings suggest that the provision of counselling in primary schools is somewhat ad hoc, in terms of the extent to which schools have access to on-site counselling, how such services are funded and the availability of suitable accommodation for the provision of on-site counselling. This theme reflects the manner in which schools must use resources creatively in an effort to provide a counselling service on-site in support of children presenting with complex needs. Results indicate the absence of

counselling provision in the majority of primary schools in Ireland, with on-site availability limited to larger, urban schools. Quantitative findings reveal that 30.8% (395) of principals have access to school-based counselling, therapy or psychological services (Figure 5).

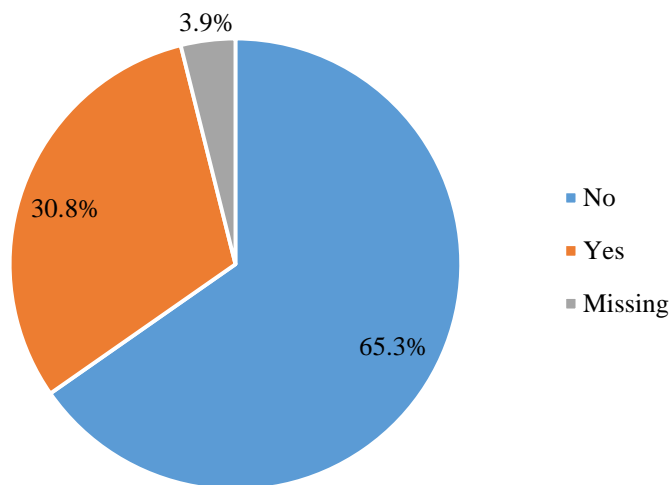


Figure 5. Access to on-site counselling provision (Q.17)

Analyses confirmed that 12.6% (161) rural and 18.3% (234) urban schools have access to school-based counselling, therapy or psychological support services while 36.1% (461) rural and 29.4% (376) urban participants do not. A Pearson's Chi-square found a significant relationship between the access to school counselling and locality of school ($\chi^2(2, n = 1276) = 25.718, p = .000$), with urban schools having more access to school counselling than rural schools (Figure 6).

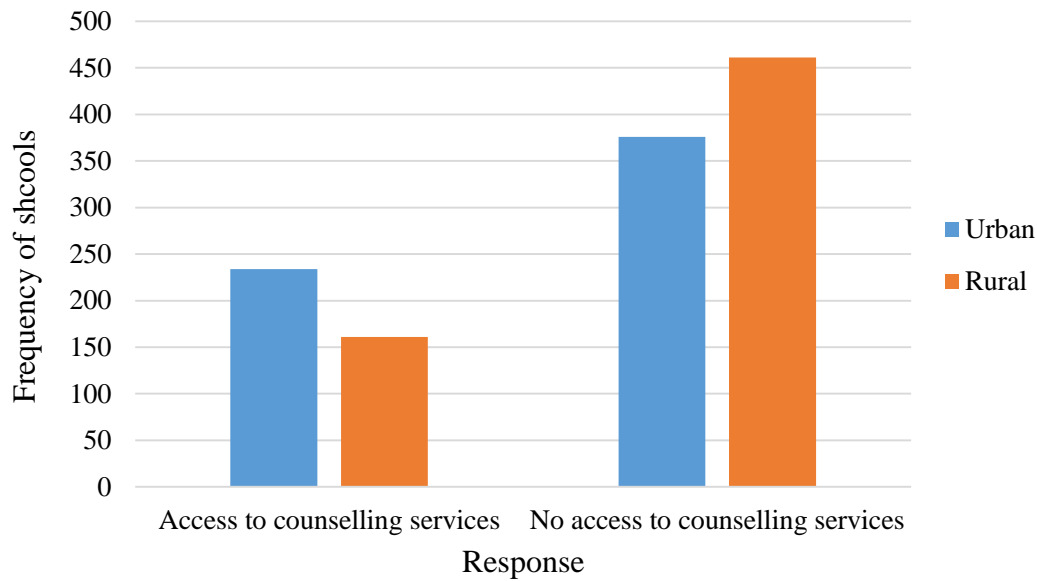


Figure 6. Access to counselling services based on locality (urban/rural) (Q17, Q.6)

In relation to DEIS Band of schools statistical analyses revealed that 18.6% (238) Non-DEIS, 7.4% (94) DEIS Band One and 4.9% (63) DEIS Band Two schools have access to school-based counselling, therapy or psychological supports. A Pearson's chi-square analysis determined that a significant relationship exists between the two variables, namely, access to school counselling and schools categorised as Non-DEIS, DEIS Band 1 and DEIS Band 2 ($\chi^2(4, n = 1276) = 89.458, p = .000$) with non-DEIS schools showing a higher percentage of access to such supports. Participants were asked to indicate whether counselling/therapy services in schools were delivered in the form of regular sessions or on an ad hoc basis. Results indicate that there appears to be an even spread between regular sessions (6.8%) and ad hoc sessions (6.6%).

The ad hoc nature of counselling provision for children in primary schools in Ireland is reflected in the manner in which the need for counselling and how it was first delivered came to the attention of the school authorities. In one case, one

principal reported that the play therapist approached the school (P001)⁹. In another, the school was approached by a colleague who was seeking to place art and play therapy trainees in schools in order to facilitate their training hours (P002). One principal facilitates placements for psychological support workers and can offer an on-site counselling service for the children (P005).

Referral processes. The selection and referral of children to on-site counselling differs from school to school. Even within schools, referral processes vary. One school principal described the different referral pathways: a class teacher may identify a child in crisis, children identified as vulnerable are screened for art therapy and the play therapist trainee selects children based on their own training needs, as advised by their supervisor (P002).

The ad hoc nature of the availability of counselling impacts on what children can access the service. For example, another counsellor also reported instances of self-referral where “a student themselves will refer themselves to the counsellor. In that situation, in every situation, we will always meet with the parent, to discuss with the parent” (C005)¹⁰. Children need to have good attendance to avail of counselling in this school since this counsellor only provides counselling on-site on Mondays. The counsellor states that “they need to be attending on a Monday for me to see them. Their attendance needs to be quite good for them to receive counselling.” (C001) Also, in order to benefit from regular appointments, regular attendance in school is necessary.

⁹ P001-P005 refers to participating principals and C001-C005 refers to participating counsellors

¹⁰ P001-P005 refers to participating principals and C001-C005 refers to participating counsellors

Some of the counsellors also provide services in addition to individual counselling. These include delivering wellbeing courses to class groups, which can result in children approaching the counsellor and seeking support:

“One of the young students broke down and she came to me afterwards to say she’d been self-harming. She’s a highly functioning student and it never would have been seen without some intervention kind of coming into the school already” (C002).

In one school the teachers’ knowledge of families in the school community appears to assist in the selection and referral process of children for counselling (P005). In other schools the School Completion Care Team makes referrals by looking “at our target children and we would make a decision on who we think needs supports” (P005). The selection and referral process in another school involves the input of a Special Education Team who highlights children in September for a variety of interventions, including play therapy (P003).

Links with external agencies. A theme emerging from both the survey and interviews indicates the frequency with which schools must make referrals to outside agencies to support children and families who have been identified for external referral. Survey participants were asked if schools had any links, formal or informal, with counselling services in the community to which 32.6% (418) noted they had, while 53.8% (690) said they had no such links. Those who replied in the affirmative were asked to describe the links. These included organisations such as HSE, Tusla, NEPS, CAMHS, GP, local counselling centres and local family/youth centres (Figure 7).

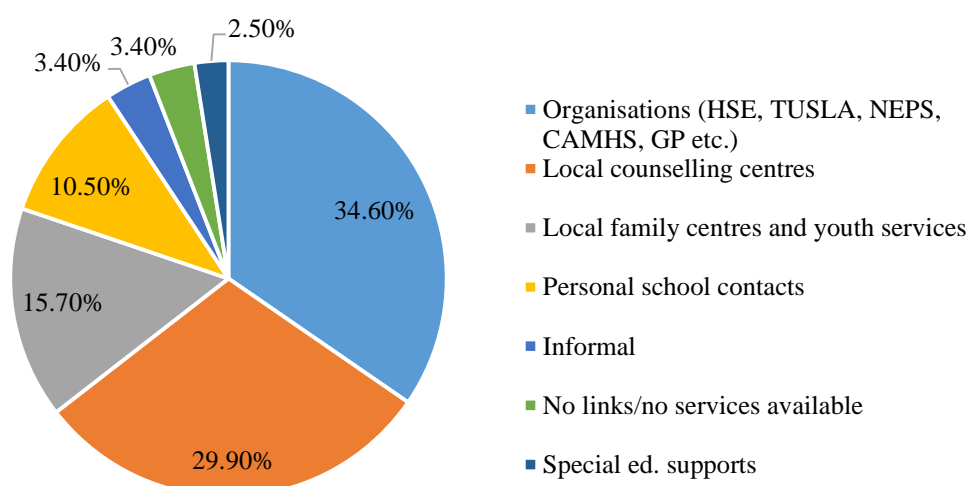


Figure 7. Links primary schools have with community counselling services (Q.24)

Participants were invited to comment on the resources drawn on by primary schools in the aftermath of a critical incident occurring. A total of 276 participants responded to this question and findings reveal that NEPS was the most frequently contacted resource with 55.1% (152) schools using this service. An external therapist/counsellor was contacted by 37% (102) schools while staff and Board of Management were consulted in 28.3% (78) schools. Principals consulted the NEPS¹¹ Critical Incident policy document in 16.7% (46) schools and support from the on-site therapist/counsellor was utilised in 9.8% (27) of schools. CAMHS were consulted in 8% (22) of schools while both school support services and the emergency services were both contacted in 6.9% (19) schools. Finally, the HSE (6.5%, 18), Parents (6.2%, 17), SESS/SENO/NCSE¹² (4.7%, 13), Tusla (3.6%, 10) and GP (2.9%, 8) were the remaining resources utilised by schools. It is important to note that some respondents mentioned drawing on multiple resources.

¹¹ NEPS: National Educational Psychological Service

¹² SESS: Special Education Support Service; SENO: Special Education Needs Organiser; NCSE: National Council for Special Education (Republic of Ireland)

Study participants were asked to name the resources used if an emotional issue arose with a child that was beyond the usual level of difficulty that staff would encounter. Out of a total of 1227 respondents, 73% (896) stated that they would utilise NEPS, 21.1% (259) would consult an external therapist/counsellor while 15.6% (192) would contact CAMHS (Figure 8)

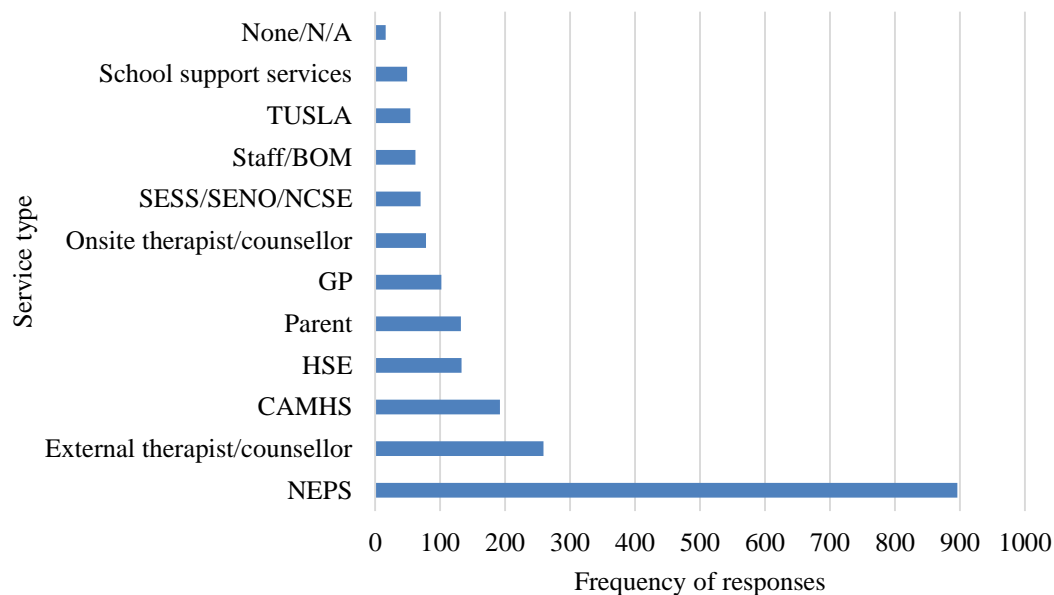


Figure 8. Resources drawn on to deal with children's emotional issues (Q.16)

Principals and counsellors who participated in the interview phase of the study listed a wide range of external agencies which primary schools are involved with or refer to in an effort to access supports, such as counselling for children. The difficulties associated with liaising with external agencies that provide services for children, in particular the lack of communication between the school and such agencies in responding to a child's needs, were highlighted by one principal:

We've developed into a nation where if you're having difficulty with your speech and language, you go to an outside therapist in a clinic that is on the other side of the city. Your teacher knows very little about what you did there

despite the fact that your teacher is also teaching you how to speak at school and how to develop your language (P002).

Indeed, this counsellor agrees that “any form of counselling for children in schools is outsourced” (C001). Some external supports come under the auspices of the Department of Education and Skills (DES) while others are affiliated to the Department of Health or the Department of Justice.

The National Educational Psychological Service (NEPS) is a service of the Department of Education and Skills (DES) which employs psychologists to work in partnership with teachers, parents and children in identifying educational needs (education.ie). NEPS was described as providing a range of supports: one principal often has “to involve NEPS psychology around putting in place behavioural support plans for children” (P002). Another principal highlighted the concern shown by a NEPS psychologist with regard to the importance of “minding the staff” and staff self-care in a school which has an Autism Unit (P003); and advising the school in relation to specific children: “NEPS would allow us two assessments but then they’d come out for a day or two and talk about ten or twelve of our children who we need advice on-NEPS is our lifeline” (P004).

Tusla Child and Family Agency, the State agency responsible for improving welfare and outcomes for children, is one external agency involved in this school and has contracted a counsellor to work on-site there (C002). Another counsellor is involved with a Meitheal, which is the Child and Family Agency’s national practice model for assessing the needs of children and families that have come to the attention of practitioners and community members because of a child welfare or safety concern (tusla.ie) (C004). One principal also has “regular contact” with Tusla social workers and the education welfare officer with regard to school attendance issues (P003).

The Child and Adolescent Mental Health Services or CAMHS is another external source of referral for schools, as indicated by one principal, who has “a lot of children under the care of CAMHS” (P003). According to one counsellor, it is necessary to refer the child to the GP first who will, in turn, refer to CAMHS (C005). In certain situations a counsellor working on-site may be consulted by principals and teachers for advice about referrals to appropriate external agencies: “teachers want to know if they’re on the right track or if they should refer them to me or somebody else” (C005).

However, difficulty in accessing assessments, diagnoses and agencies such as CAMHS was voiced by one principal, who believes that “getting a child access to the likes of CAMH services you know it’s a national scandal. It is a national scandal what’s going on with children now. There should be a service there for those kids that are entitled to it...but then there isn’t a basic CAMH Service” (P005). Waiting times of eighteen months to two years appears to be the norm for children experiencing “huge social, emotional and behavioural difficulties” to gain access to an appropriate external agency (P005).

The HSE-run Early Intervention and School Age Teams comprise of teams of professionals who offer a range of services to families with children between the ages of 0 and 12 years who have complex developmental needs (www.hse.ie). If a child is referred “with any significant difficulty, be it autism or global learning delays, they will be referred usually by their public health nurse into the Early Intervention” (P003).

Barnardos is a children’s charity that works with vulnerable children and families in Ireland (www.barnardos.ie). One principal has referred parents to Barnardos for support (P002) while another principal has contacted Barnardos in

relation to the Roots of Empathy programme (P001). The Primary Care Service and social services is another external source of referral for one school and, according to this counsellor, it is the principal “as gatekeeper in the school” who will connect with such services (C005).

One counsellor highlighted the importance of additional supports for parents, couples and families and has had occasion to make referrals to mediation services for couples and has “introduced parents to parenting programmes, workshops or classes that may be of benefit to them” (C003). External supports in the form of workshops for children, parents and teachers are frequently organised in schools. In one school incidents of cyberbullying in senior classes led to the request for an external speaker to present anti-bullying workshops for the school community (P001).

The Disability Act 2005 entitles parents to apply to the HSE for an Assessment of Need for their child and this can warrant referral to various healthcare professionals, according to one principal (P002). Another local group, who support intellectual disability, are also an external source of referral in this school (P003). The Irish Society for the Prevention of Cruelty to Children (ISPCC) has become a referral source for one principal seeking to support a family through a bereavement process (P002) while local child and family support agencies are also important counselling supports for families (P005).

According to one principal, “outside agencies are a very routine part of our day here. This year I have liaison with the Gardaí about one child, a second child every now again, but one child very regularly” (P003). An external Department of Justice group who provides funding for a project worker from the school completion programme to support children aged ten years and upward, are involved in another school “so we have very strong links with them” (P005).

Funding. Respondents to the survey were requested to comment on whether a service provided by an individual practitioner (counsellor/psychotherapist, art/play therapist, psychologist or other practitioner) was publicly or privately funded. Table 2 shows the breakdown of professionals providing the service and whether this was publically or privately funded. Totals are displayed in the pie chart in Figure 9.

Table 2

Public v Private funded service (Q19)

Service type	Public	Private	No access
Counsellor/Psychotherapist	56 (4.4%)	83 (6.5%)	138 (10.8%)
Art/Play therapist	65 (5.1%)	95 (7.4%)	115 (9%)
Psychologist (not NEPS)	60 (4.7%)	110 (8.6%)	107 (8.3%)
Other	45 (3.5%)	37 (2.9%)	190 (14.8%)
Total	226 (17.6%)	325 (25.4%)	550 (42.9%)

Totals for private and public provision are displayed in Figure 9.

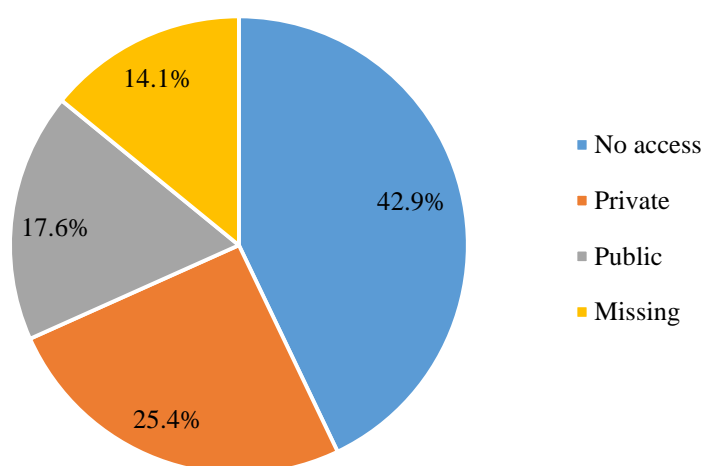


Figure 9. Public v private funding for counselling provision (Q19)

Further analyses revealed that out of those schools who have counselling provision onsite 2% (8) are privately funded while 1% (4) reported being publically funded.

Interviews with school principals and counsellors revealed that the funding for such services appears to be ad hoc in terms of whether the service is funded, where funding is accessed, how much funding is available and how this impacts on service delivery. Indeed, the issue of “budgetary constraints” is a recurring theme in the narratives with principals expressing their frustration with having to manage the limited funding available to them (P002). One principal reports an arrangement between the Board of Management and the play therapist whereby free therapy is provided in exchange for the use of a room in the school (P003). In one instance, a counsellor’s concern for a child resulted in “an on-going arrangement” with the school, with the counsellor continuing to provide therapeutic intervention for the child for free, despite no funding available (C001).

Principals clearly struggle to be resourceful in utilising funds available to them while at the same time meeting the needs of the children under their care. One principal utilises DEIS funding¹³ to fund play therapy provision in the school (P001). Another source of funding for DEIS schools is the School Completion programme, a Department of Education and Skills initiative that targets children at risk of leaving school before completing Leaving Certificate (P005). However, one principal expressed concern that funding for the programme is “being cut all the time, so we would be concerned that if the grants are cut we wouldn’t have enough” (P001). One counsellor reported that their service is being funded by Tusla, the Child and Family Agency, providing funding for this counsellor to deliver therapeutic intervention for a

¹³ Primary schools participating in the Delivering of Equality of Opportunity in Schools (DEIS) initiative are selected for inclusion based on a number of socio-economic criteria that determine the level of disadvantage in the school community. The Department of Education and Skills targets resources, such as the DEIS grant, at schools with the most concentrated levels of disadvantage

child in a primary school, since it is in the best interests of the child (C002). One principal described how the schools assisted parents in funding private play therapy (P001).

The transient nature of counselling provision in primary schools in Ireland is clearly evident in this study. One principal relies on the generosity of benefactors and donations from past pupils or others to fund a limited counselling service in the school (P002). Efforts to secure funding to provide a shared counselling service among three schools were unsuccessful, as described by one of the principals:

A group of us at three local schools got together and we said we would try and hire the therapists as a group and we would try and run it, and we actively sought funding to run it as a project for four years, but we could not find anyone willing to fund it, unfortunately, or any government agency willing to fund it (P002).

There is an awareness that schools access funding on an ad hoc basis, as one counsellor described a school inspector's reaction to the service:

One of the teachers was bringing an inspector around and was saying "here is the computer room and here is the gym and here's the counsellor's room". So when they got down they said, "I notice that you have a counsellor's room" and the principal said "oh yes, C005 comes in every Wednesday". And the inspector says "how is that funded?" and principal said "Well I have to take a bit out of this thing and a bit out of school completion," and the inspector goes "do you know what, I don't need to know all the ins and outs of it. It's a great service, keep it going, however you fund it (C005).

Another source of funding used by one principal (P005) is the Social Inclusion and Community Activation Programme (SICAP) fund, which is a central resource of

funding for disadvantaged areas made available to help improve outcomes for children. One principal has utilised this resource to support parents by providing parenting classes. Another principal described how it became necessary to apply to other funding sources and external supports in an effort to ensure continuity of on-site therapeutic provision for children. Funding to support play therapy provision in one school has been provided by local agencies run by the Department of Justice and a local Drugs Awareness Group (P005). However, a counsellor's position in primary schools remains uncertain due to the unpredictability of funding since "there could be a gap until funding is found again" (C002).

The School Completion programme is another source of funding and according to one principal there is a sense of frustration that schools are expected to consider the one hour per week provision as a counselling session for children: "The person employed is not a trained counsellor, so I suppose that's something that I find very frustrating because sometimes, when I communicate my concerns to government bodies and departments, they say to me, oh, you know, well, you do have a School Completion Officer" (P002). Indeed, one principal has identified a link between children who are targeted for support under the school completion programme and those who are selected for referral to on-site counselling (P005).

A psychological support worker, employed by the School Completion Programme provides counselling for children in one school and "works in the school for half a day a week. She is what we call a psychological support worker because she is not a fully qualified clinical psychologist" (P005). A transition programme from primary to second level is also provided as part of the School Completion Programme to "give them every support" (P005). According to one principal, the School

Completion Programme is “a very successful programme” and believes “98% of the children we would target end up completing second level” (P002).

Accommodation. Participants were asked to state if their school had adequate accommodation for the provision of an in-house school counselling service. Figure 10 shows a total of 57.5% (737) stated that accommodation is available in their school while 20% (256) cannot accommodate the service. A small number of respondents, 3.4% (44), do not know whether they have such accommodation. A total of 80.9% (1037) responded to this question.

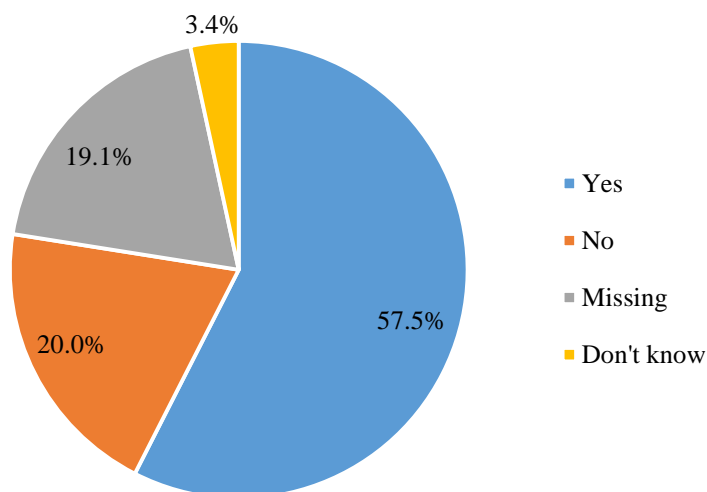


Figure 10. Schools with adequate accommodation for on-site counselling (Q.29)

Accommodation to facilitate counselling was also described as somewhat ad hoc by principals and counsellors. Principals described having to be creative in finding suitable accommodation to ensure a certain level of counselling provision in schools. According to one principal, the need for provision surpasses the necessary resources available with “far more children that require it than actual spaces” (P002).

Accommodation which is haphazard or restricted has emerged as a feature of counselling provision on-site. Principals and counsellors tolerate the restricted or inadequate accommodation available to ensure counselling provision for the children (P003). One counsellor reported a lack of consistency in the suitability of accommodation offered as a therapeutic space in which to conduct counselling sessions with children (C002). The ad hoc nature of accommodation also impacts on the uncertainty of a counselling service provision as in one case, the prefabricated room is due to be demolished (C001). This is also evident in the necessity for different service providers to share accommodation in schools, as is the case where the art therapist and school completion officer must share a room:

When the art therapist comes, we have a small little room that is used part-time during the week by our School Completion Officer, and they're here once a week, so it's free for the other days and the art therapist uses that (P002).

Interest in counselling provision. Table 3 describes the responses from schools who would be interested in accessing counselling provision if a service was made available in the school. Figures indicate that 72.4% (928) of the sample would like access to individual counselling/psychotherapy for children. Consultation for staff also ranked highly here with 67.9% (871) expressing an interest in this type of provision. Percentages for bereavement support, group counselling and critical incident support are also outlined below.

Table 3

Preferred on-site counselling supports (Q.25)

Type of support	Would like access
Individual counselling/psychotherapy	72.4% (928)
Group counselling/psychotherapy	49.1% (630)
Critical incident support	41.5% (532)
Bereavement support	51.6% (661)
Consultation for staff	67.9% (871)

The satisfaction levels of respondents regarding the adequacy or otherwise of the school's role in positive mental health promotion and suicide prevention were reported. Overall, more schools expressed some degree of dissatisfaction than schools that expressed some degree of satisfaction.

Participants were asked about the range of services they would like to have access to, indicating whether the service should be available in the school or externally. As Table 4 indicates, 59.2% (759) of respondents indicated they would like to have access to an Art/Play therapist in the school. This was followed closely by 58% (744) of schools who would like a Counsellor/Psychotherapist in school. A Psychologist (other than NEPS) in School was the third ranking choice for participants with 55.4% or 710 schools selecting this.

Table 4

Range of services school would like to have access to in school or externally (Q.28)

Type of service	In school	External	Total
Rainbows	526 (41%)	335 (26.1%)	861 (67.1%)
Roots of Empathy	476 (37.1%)	212 (16.5%)	688 (53.6%)
Counsellor/Psychotherapist	744 (58%)	190 (14.8%)	934 (72.8%)
Art/Play therapist	759 (59.2%)	142 (11.1%)	901 (70.3%)
Psychologist (not NEPS)	710 (55.4%)	176 (13.7%)	886 (69.1%)
Other service	130 (10.1%)	96 (7.5%)	226 (17.6%)

The provision of Rainbows and Roots of Empathy programmes in schools were popular with 41% and 37.1% of respondents respectively. Figures for external provision are much lower with 26.1% (335) schools selecting Rainbows for external provision.

Participants reported on the number of staff who attended professional development programmes about mental health and youth suicide that were specifically geared towards the primary level child. All staff attending such programmes constituted a 2% (25) rate, in 2.8% (36) schools 'Most Staff' attended such programmes while 'Half Staff' (40) attended training, indicating a 3.1% response. The largest cohort who attended programmes was in 28.5% (365) schools, who indicated that 'A few Staff' attended professional development programmes. Finally, in 13.9% (178) schools 'One Staff Member' attended such programmes so in 70% of schools, staff attended professional development programmes.

Finally, in response to an open question which was coded using content analysis, participants were invited to express their personal views in relation to school-based counselling provision in Ireland and the results are presented in Figure 11. With regard to increased mental health support for schools, 60% of respondents expressed an interest in this. Dissatisfaction with the current system in place (21%), and an interest in mental health training for staff (11%) were also a consideration for participants.

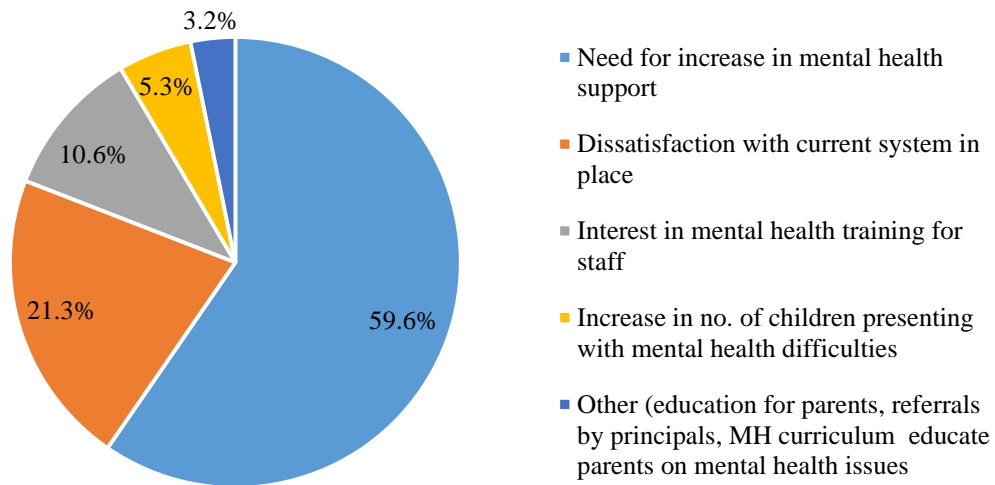


Figure 11. Participants interested in these counselling supports (Q.31)

Perceived Benefits. One aspect of counselling provision which the study sought to explore is the perceived benefits of on-site provision to primary schools. Participants were requested to comment on the level of impact a school-based counselling service had on the behaviour, attainment and attendance of children. Findings indicate that 37.4% of schools see improvements in children in terms of behaviour, attainment and attendance after availing of counselling on-site, 8.9% believe these factors remain unchanged with a minority of two schools seeing deterioration after counselling support (Table 5).

Table 5

Impact of school-based counselling on children (Q22)

Impact variable	Improved	Stayed the same	Deteriorated
Child behaviour	14.5% (186)	1.2% (16)	0
Child attainment	12% (154)	3% (38)	0.1% (1)
Child attendance	10.8% (139)	4.4% (56)	0.1% (1)
Total	37.4% (479)	8.9% (110)	0.2% (2)

Participants were asked whether their school's counselling or therapy service currently meets the needs of children. Findings indicate that 12.4% expressed dissatisfaction with the provision, 3.3% remained neutral while 6.1% of those who responded expressed some degree of satisfaction with the service.

The opinions of principals and counsellors were sought during interviews in relation to their perspectives of the perceived benefits of on-site provision to primary schools. Various benefits were referred to, including benefits for the child's emotional intelligence and self-worth, and are presented in this section. Benefits for children include confidence-building "Because I'm there six years now, I saw one of the children last week and he was able to say Hello but to be able to not need more from me, he was confident enough and you could see the benefit of play therapy" (C001); changes in behaviour "Children who had...quite challenging behaviours inside and outside school as a result of what they have experienced, come to the playroom and find ways of healing all those big feelings, of processing their experiences. Then, as a result of that their behaviour changed although that was not the goal, it was the result" (C003); children being more outgoing and "more willing to share and to answer up in class whereas before they'd been very introverted and very very quiet and not taking part at all" (P004); happier in themselves, "you know, they feel better about themselves" (P005); "the weight of the world has been taken off them. They're less anxious and more confident" (C001); providing solace to a child from chaotic family circumstances: "The child has something to look forward to as well and Monday morning can be very difficult for a child because they're going from chaos back to a strict routine" (P003). One principal also refers to the "positive climate" that is promoted in the school through the counselling service where children feel "they are listened to and heard" (P005).

Counsellors working on-site in primary schools are experiencing the described benefits. Increased self-esteem, the ability to manage feelings and an increased sense of self-worth were reported as benefits of the on-site provision for children. The benefits for children's learning experiences of attending counselling were highlighted by several counsellors:

When you get the emotional level sorted out with a child, everything else will follow. Their education, their socials, there is more of a chance of them learning if they're emotionally ready or if they, you know, if things aren't okay at home, we'll say there's space to talk about it (C001).

Another reported benefit is that of children being taught skills during the counselling session about how to communicate with teachers in the aftermath of a confrontation. Having "a safe space that's theirs" where children can be themselves, feel accepted and not have to perform are also cited as important benefits of the provision. Children also benefit from having an advocate in the person of the counsellor "talking to teacher on their behalf" and helping teachers understand "there's more to the child than just this behaviour" (C004).

Counselling was also described as impacting on parent-child relationships at home. One counsellor described how on-site counselling has benefited a child who has begun to play with his mother more, reducing the conflict in their interaction together: "That particular child today was talking about how great it was over Christmas, that they've incorporated thirty minutes of play together every day. It was something they weren't doing a lot of the time they were fighting so that was a benefit he mentioned" (C004).

One counsellor noticed a trend in children self-referring and even younger children requesting to talk to "the problem-solving" person:

It's like a network of children where they might have seen me in the infant school and then have asked to come back at 9 or 10 (years) because something else has happened in their life that they might want to talk about, which I think is very empowering, that the children know they can ask for help and then receive it (C004).

In addition to self-referral, counsellors described children recommending counselling support to their peers. The counsellor reports this is a benefit of on-site provision:

There will be children who have seen me and had felt better afterwards and that have said to their friends, you should go see C004 who really helped when my mam and dad broke up. So the children will come and ask for help themselves. I think you know that alone shows what a benefit it is (C004).

Many of the principals and counsellors spoke of how they believed counselling can benefit children. A principal perceives on-site counselling provision as being beneficial in assisting in the integration of children with their peers (P001). Another principal sees the benefits that on-site counselling provides for children in having one to one attention with an adult that they can open up with and where "it's ok for the child to say that things are not alright at home"(P003).

Support for parents. A theme which has emerged during data analysis is that of the level of support provided by counsellors for parents in primary schools where on-site counselling is provided. Some of the counsellor's work may involve working with parents who may have struggled with parenting in an effort to improve attachment with their child "because research would show us around attachment that if you can get a parent to think and feel what their child is thinking and feeling, they're more likely to respond positively to the child and help their child with those feelings" (C002).

Principals and counsellors have received positive feedback from parents that the location of a counselling service on-site in a primary school is beneficial for them. One counsellor believes that parents are “very very positive of it and would like more work, they are very happy with it.” (C001) while one principal “has had parents ask is there any chance that my son could get it again.” (P005) According to one principal, parents are very happy to have a “free” service provided and parents “can’t believe that they can have this term of therapy for their child free” (P003). One counsellor noted that a parent described their child as listening more after participating in a play therapy session on-site and according to this counsellor “we would directly relate that to the play therapy because they themselves are being listened to by the play therapist” (C001).

According to one counsellor (C004), who works with a parent once a week, parents who have difficulties parenting their child often seek help from the school counsellor. The value of including parents in onsite counselling provision, through parenting skills courses, was seen as having an impact on therapeutic work with the child since “therapy is shorter when you have the parents on board” (C001); as well as on teachers and the school:

Some of my work is with the parents and that takes the pressure from the teachers. It’s teaching basic parenting skills and emotional literacy, giving parents empowerment to say no to the child so there’s lots of benefits for the school (C001).

Play therapy that is established in the school ensures that parents are willing to allow their children to avail of the service, according to one principal:

The parents now know it’s established in the school so the parents are now very willing to allow their child to go to play therapy. (P001)

This counsellor outlines a number of perceived benefits that parents experience as a result of a counselling service being located on-site. Some of these reported benefits include the location of the service on-site, no financial cost involved for parents and an opportunity for parents to learn parenting skills. One principal believes that having a counselling service on-site allows for a more positive relationship between parents and teachers “They’re not coming into the school to listen to ‘Your child hit somebody and bit somebody’ you know, they’re coming into school and they’re being supported (P003).

Support for staff. Both principals and counsellors described the added benefit of on-site counselling provision insofar as it provided a support for staff. The presence of a counselling service on-site is “hugely necessary from the teacher’s perspective” according to this counsellor (C002). One perceived benefit is that if children are more settled in school “it’s easier for the teacher to teach” (C001). One principal considers full-time on-site provision for the school to be “crucially important” to support staff:

If we had more of it, if we could just have the play therapist officially on our staff rather than having a sort of an arrangement with the board of management, if you had somebody specifically trained in that area on-site, we would have somebody to support staff, talk with staff about how to deal with the child, you know talk to the child in the absolute correct way (P003).

One principal encourages therapists to meet with teaching staff and explain how a counselling session will evolve, ensuring they achieve a greater understanding of “the breadth, the depths that therapies can go” (P002). According to the principal, teachers are constantly referring children for on-site counselling because “the demand for it is constant, so I think that's a sign the teachers realise it is very effective”

(P002). Another principal receives reports from teachers that children are returning to class “calmer” after a therapy session.

One counsellor gives talks about the on-site counselling service to staff “to get feedback from staff but also to say why I’m doing what I’m doing and how it benefits and the staff are not trained in that way and they actually really welcome those”(C002). Another counsellor guides teachers to a better understanding of the meaning of play therapy and the role of the play therapist on-site “understanding that this is an emotional and not a behavioural model, in understanding that my role within the school is very different to that of a teacher” (C003). One principal highlights how counsellors and resource teachers can collaborate in helping a child since “it’s almost like they’re digesting the play therapy during the week and then they’ll end up talking to the resource teacher and the resource teacher can work on things in the resource room that are coming up” (P003).

Going Above and Beyond

A theme of “going above and beyond” was identified in this study, primarily from the interview data. It refers to the way in which principals and counsellors must not only be proactive but push the boundaries of the limited resources available if they wish to secure counselling provision in their primary schools. Indeed, the level of frustration experienced by principals in attempting to secure counselling provision at primary level is clearly evident with one principal stating “schools really are completely exasperated and out of their depths.” (P002) “Seeking recommendations” (P002) and “word of mouth among principals” (P005) convey the sense of going above and beyond a principal’s remit in an effort to employ counsellors for counselling provision on-site.

One principal was able to recruit a play therapist through work that Barnardos was doing with other children from the school and “approached her about doing some therapy with one child and then it grew from there” (P003). A psychological support worker affiliated to the Psychologists in Primary Schools Scheme (PIPS) was secured by another principal “to work under the school completion scheme and works in this school for half a day a week” (P005).

Principals reported the constant struggle for resources to provide necessary services for children who may not otherwise afford to avail of such services. Constant battling for services is evident where principals seeking provision for children with special educational needs, must “fight for everything for them because the system is just so overloaded and every therapist you talk to has a waiting list as long as their arm. So it’s constant battling for children and it’s just constantly monitoring and trying to make sure that they get the services that they need” (P003).

Principals described going above and beyond to ensure the children under their care receive whatever supports may be necessary. One principal described having to persevere when attempting to contact authorities in the event of a child welfare issue: “When I had reason to have serious concerns about the welfare of these kids, I actually wrote twice. I actually filled out the form twice and I sent it in twice and the second time I just said this is not going fast enough” (P004). Principals also noted that on occasion it was necessary to conduct a home visit if children are absent from school for a lengthy period: “When they wouldn’t be in and they were missing, there was 3 kids in the family, they were missing a lot and I would go down to the house and I was appalled really at what I’d see” (P004).

Counsellors too can go above and beyond, according to one principal, who reports incidences of the play therapist conducting home visits in addition to

providing an on-site service in the school (P001). Indeed, in another school the counsellor is involved in organising a plan for provision and this is then presented to the Board of Management before an on-site service can be organised (C002).

In addition to principals and counsellors going above and beyond, teachers were also are lauded by one principal for the lengths they go to, above and beyond their remit, in their concern for the children under their care: “I have one teacher who left her house on Christmas Day to make sure that kids she was concerned about weren’t on the streets hungry...if they’re (teachers) going to be out there would be very, very detailed notes left on who needs what and watch out for this and watch out for that” (P004).

Summary

This study sought to explore both quantitative and qualitative findings from research conducted into the demand and provision of counselling in primary schools in Ireland. Together, these provide important insights into the current level of provision, or indeed, lack of provision that exists in this education sector.

A number of findings have emerged for discussion. Both quantitative and qualitative findings indicate the complexity of presentations of children in primary schools that has motivated principals to seek on-site provision of counselling. The findings suggest that current provision is ad hoc in nature in terms of level of provision, funding and accommodation. The difficulties faced by schools (who are providing a counselling service) in sourcing funding to ensure a continuance of the service, according to principals and counsellors, is an important factor to emerge from the findings. Haphazard or a lack of suitable accommodation for the provision of a school counselling service in schools is an important finding to emerge during this study.

Perceived benefits for children were described as improvements in behaviour, attainment, attendance, confidence, emotional intelligence and self-worth, with children appearing happier, less anxious, feeling listened to and heard. A 'positive' climate and children being able to self-refer, were reported by principals and counsellors, as other perceived benefits of the presence of on-site counselling services in their schools, while counsellors supporting parents and staff through the provision of workshops and classes for both groups, were also regarded as perceived benefits. Findings noting the difficulties faced by teachers in dealing with complex presentations of children are also important considerations for discussion. The necessity for principals, counsellors and teachers to go above and beyond to support the children under their care was also a finding which emerged during this study. The following chapter will discuss these findings together with a consideration of the strengths and limitations of the study.

Chapter 5: Discussion

This study sought to investigate the demand for and provision of school counselling in primary schools in Ireland through an online survey conducted with 1,282 participants and interviews with five principals and five counsellors where on-site counselling was available within schools. The chapter commences with a short summary of the study. Study themes are outlined and an overview of the results from the findings will follow and these will be discussed in the context of other studies conducted in this field, highlighting the contributions of this study to the broader literature base. Finally, the strengths and limitations of the study and the implications of the findings in terms of policy and further research will be addressed.

This exploratory study, using a mixed methodology, consisted of two phases. Phase 1, the quantitative survey phase, was conducted to ascertain the views of principals on sample demographics, the emotional needs of children, the availability of counselling supports and experiences of counselling where this was available in schools; and the qualitative phase, Phase 2 was then conducted, involving interviews with five principals and five counsellors who provide counselling on-site in primary schools. Data were analysed statistically and thematically using SPSS and NVivo programmes respectively (IBM: SPSS; NVivo 11).

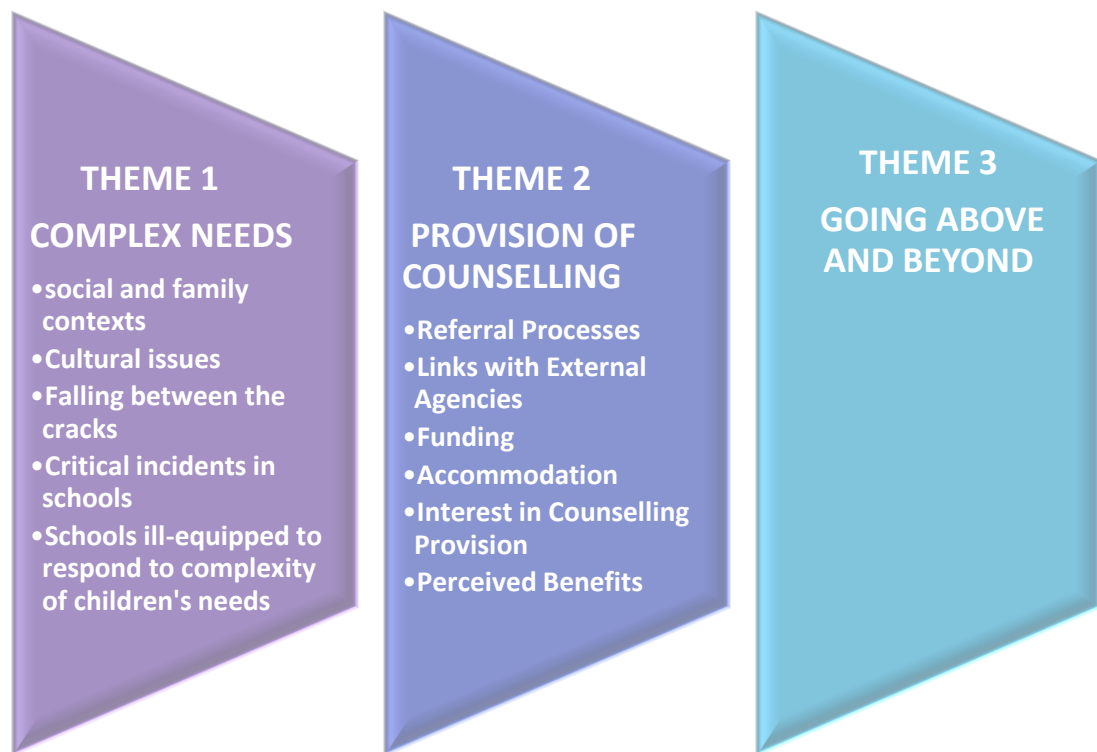


Figure 12. Study Themes

Findings from both the quantitative and qualitative phases of the study are presented here as three principal themes, namely, Complex Needs, Provision of Counselling and Going Above and Beyond (Figure 12). In relation to the primary aim of investigating demand for school counselling the study found that, from the perspectives of school principals and those counsellors working in schools, primary school children are presenting with highly complex needs. Given the prominence of ‘general family issues’ as a presenting concern, it is important to view these needs in the context of the children’s families. According to this study, large groups of children are dealing with parental separation, child protection issues, addiction issues, a parent in prison or domestic violence in the home. Cultural issues also need to be considered, given the multi-ethnic representations in primary schools and the increase in accompanied minors separated from their parents and resultant language issues being dealt with in primary schools. A further subtheme, falling between the cracks,

refers to the cohort of children who have complex needs but may not come to the attention of those in charge due to the fact that they are high achievers. The subtheme, critical incidents in schools reflects the serious nature of incidents such as the birth of a baby in the schools, death or suicide of child/ teacher/ family member or assault by staff or student. Finally, the findings note that schools feel ill-equipped to respond to the complexity of children's needs and the overwhelming demands placed on principals and counsellors as they struggle to deal with such issues.

The second aim of this study was to investigate current counselling provision in primary schools. Findings suggest that at present, provision is limited and ad-hoc in terms of referral processes, funding and accommodation. There are varying pathways of referral to school counselling within schools: the principal, the class teacher, self-referral by a child, school completion or special educational teams. Many schools have good links with external agencies such as NEPS, HSE, CAMHS, TUSLA, GP or the Gardai. The study highlights the constant struggle by principals to be resourceful in accessing funds in order to ensure a continuance of provision. Accommodation for counselling service provision in primary schools was described as inadequate, haphazard and restricted. Although a minority of schools currently have access to school based counselling, most school principals are interested in accessing such a service, including individual or group counselling, critical incident support, bereavement support and consultation for staff. Schools that currently have access to school based counselling described the benefits as improvements seen in behaviour, attainment and attendance of children following counselling intervention. Many benefits were reported including confidence building, children happier in themselves, increased self-esteem and increased sense of self-worth some of the benefits reported. Additional benefits in the form of support for parents and support

for staff were noted with counsellors providing workshops and one to one support for parents and staff.

Finally, qualitative findings show that schools are responding to the complex needs of children by pushing the boundaries to secure counselling provision in their schools. This is reflected in the final theme, going above and beyond, further substantiating the need which exists and how principals respond to that need. These key themes are discussed below in the context of relevant literature.

Complex Needs

Findings have revealed that children in Ireland are presenting with a diverse and complex range of issues that include anxiety, depression, self-harm, suicidal ideation, family-related, social, cultural and trauma-related issues. Results indicate that the advent of school counselling into certain primary schools in Ireland has been driven by a need to support vulnerable children who are presenting with a complexity of issues. Out of 1,282 respondents to the survey, 85.8% (1,100) cited general family issues as a prime presenting issue for children currently in primary schools in Ireland. This is followed by Separation/ Divorce/ Marital breakdown issues (79%), Anxiety issues (78.9%), Behaviour-related issues (73.2%) and Anger-related issues (72.8%). The five 'most prevalent' presenting issues cited by principals for children in primary schools in Ireland were general family issues (36.4%), behaviour-related issues (18%), anxiety (13.2%), separation/divorce/marital breakdown (6.3%) and academic concerns (4.6%). Thus, the main presenting issues found in this study are family-related rather than intrapersonal difficulties the child may be experiencing. This is consistent with other studies in other jurisdictions (Cooper, 2013; Fox & Butler, 2007; Wales Assembly Group, 2011; McElearney, Adamson, Shevlin, Tracey, Muldoon & Roosmale-Cocq, 2007; Kernaghan & Stewart, 2016) and highlights the significant

impact that family distress has on the primary school child, affecting their well-being. The findings in the present study also concur with another study which found that family and peer relationship problems evoke negative feelings in students, affecting their well-being (Fox & Butler, 2007).

An initial objective of the study was to establish whether a relationship existed between DEIS status and location of primary schools and children's most prevalent presenting issues. This was addressed through analyses which revealed the presence of a significant relationship between behaviour-related issues and the DEIS band of the school in the current study, with children from more deprived areas more likely to be presenting with behavioural issues.

A study conducted by the Wales Assembly Group (2011) indicates that some of the main presenting issues that young people are referred to counselling for, in Wales, are family related (56.9%), behaviour related (17.6%), relationships other than with family or teachers (9.2%), relationships with teachers (7%), and academic reasons (5.1%). While academic concerns were similarly ranked highly in the present study, the "relationships" elements did not rank highly.

The Irish Child and Adolescent Mental Health Services' most recent Annual Report (2012/2013) presents a summary of primary presentations of children to CAMHS in Ireland. The report reveals that the Hyperkinetic category, which includes ADHD and other attentional disorders, was the most frequently assigned primary presentation overall at 31.6%, followed by Anxiety category, the next largest, accounting for 18.3% of primary presentations. This was followed by Depressive disorders/problems (10.4%) and Autistic Spectrum Disorders/problems (10.3%). The same study reports that the most prevalent presenting issues in the 5-9 year-old age group were hyperkinetic issues, followed by autistic spectrum disorder, emotional

disorders, conduct disorders and more than one disorder. This age group corresponds to lower and middle primary school age groups. Furthermore, in the same report, hyperkinetic, emotional, autistic spectrum, depressive and conduct disorders were reported as most prevalent for the 10 to 14 years age grouping, corresponding to upper primary/lower second-level school cohort.

The present study focussed on primary school children, that is, those children, for the most part, between the ages of 4 and 12 years, so the CAMHS report results differ from those of the current study since Hyperkinetic disorder and autistic spectrum disorder categories were not included in the present study design. There is some similarity between the findings from this current study and the data from the CAMHS report in that both reports rank a high prevalence of emotional and conduct disorders among primary school children. However, the current study did not include difficulties such as Hyperkinetic disorder and autistic spectrum disorder in option questions. In general, CAMHS reports focus on psychiatric disorders and therefore do not include a category of ‘family related issues’. Findings in the current study indicate that of those schools that referred to external agencies (5.9%, n=75), 26.7% cited CAMHS/NEPS/SCPA/Tusla¹⁴ as avenues of referral externally. However, waiting times of ‘eighteen months to two years’ for CAMHS was an issue noted by principals when commenting on the referral process to external services during interviews. The presence of autism units in primary schools was noted by two participants in the current study, with some of these children reported as being referred, primarily by teachers, to on-site counselling. Principals also reported the impact that the integration of children from autism units into mainstream classroom

¹⁴ CAMHS: Child and Adolescent Mental Health Services; NEPS: National Educational Psychological Service; SCPA: Scheme for the Commissioning of Psychological Assessments; Tusla: The Child and Family Agency.

can have on classroom dynamics. These findings indicate that the role of onsite counselling in supporting schools dealing with special educational needs cannot be underestimated.

The current study concurs with the findings from McElearney, Adamson, Shevlin, Tracey, Muldoon, and Roosmale-Cocq (2007) who found that many children in Northern Ireland are struggling to cope with a range of complex issues that manifest as behaviour problems. They note that these result in poor engagement and academic achievement in schools. In addition, the current study findings are in agreement with data from the UK that primary school children who access the Time 4 Me school-based counselling service in the UK experience a range of issues including family problems, trauma and abuse, friendship and relationship issues and anxiety (Kernaghan & Stewart, 2016).

The seriousness and complexity of presenting issues that require crisis intervention in primary schools in Ireland are revealed in the current study. Bullying (54.1%), cyber-bullying (36.7%), self-harm (28%), suicidal ideation (22.9%), depression (27.9%), eating disorders (14.9%), sexual identity issues (8.7%) are a sample of the issues which children are presenting with to schools in Ireland. Social and family issues have also emerged during this study with reports of homelessness, financial concerns/poverty (43.8%), parents in prison, child abuse or neglect (41.3%), domestic violence ongoing in homes (21.5%), drug and alcohol misuse by a parent (25.1%) impacting on children's presentation in primary schools. The traumatic nature of children's experiences mean that primary school teachers in Ireland are now coping with children with presenting issues that fall far outside of their expertise. In the absence of more formal counselling service provision, these teachers are presented with the challenge of responding to children's needs.

One interesting finding from the study suggests that there is a cohort of children in primary schools who “fall through the cracks” since their complex needs are not being met because they may be high achievers and well-behaved in class and therefore do not come to the attention of teachers. Principals describe the need for teachers to be extra vigilant in identifying such children, who may have become withdrawn or who may not be interacting with their peers.

According to the Teaching Council of Ireland (2011) teachers have found themselves faced with a range of new challenges in the classroom in recent years, including increasing numbers of students from different ethnic and cultural backgrounds, changing family structures and the emergence of new societal and economic problems all contributing to the complexity of teaching in 21st century Ireland. Findings from the current study reflect some of the challenges primary schools face with cultural issues and changing family structures impacting on children.

The issue of stigma in certain cultures, associated with attending counselling, brings with it an awareness of cultural differences and how schools must address this in accessing help for children. In this present study, quantitative findings indicate that 10% of schools noted that they refer to counselling as “mentoring/support/workshop” so that the service is accessible for all. This was supported by reports from interview participants during Phase 2.

An increase in unaccompanied minors coming to this country without one or other parent was reported during interviews and is a factor which can warrant trauma counselling intervention for such children. According to Smyth (2015), 9 to 13 year old children from immigrant families are less confident across all domains than those from Irish families and see themselves as less popular, less happy, more anxious, have

poor behaviour and are more self-critical of their academic abilities and their body image. This report reflects data from 8,568 nine-year-old children who were surveyed in 2007/2008 in primary schools as part of the Growing Up in Ireland study (Williams et al., 2009). In addition, the current study highlights that if English is not the child's first language, this can impact greatly on a child's understanding of their new environment. This finding is supported by that of Daniunaite, Cooper, & Forster, (2015) who found that children who availed of school-based counselling in the UK have displayed significant reductions in psychological difficulties with improvements greatest for children who have the highest levels of difficulties.

In addition to issues that children present with to school from their home or community environment, the school environment can also be a source of distress for children, in particular when a crisis or 'critical incident' occurs in the school. Survey participants in this study were asked about the number and nature of critical incidents experienced in the school in the previous year in order to capture the extent to which schools have to cope with such crises across the country. A critical incident is defined by the Department of Education and Skills in Ireland as any incident or sequence of events which overwhelms the normal coping mechanisms of the school (DES, 2016). Almost a quarter of schools (22.3%, 286) in this study have experienced a critical incident in the past year with a significantly higher incidence of these occurring in urban schools. Such incidents included the birth of a baby in the school, assaults/ anger/ violence by staff or child, a bomb scare, the murder of child or family member and suicide or attempted suicide of student/teacher/family member.

Principals have stated that they rely on a Critical Incident information document provided by NEPS for guidance in the event of a critical incident occurring in their school (DES, 2016). According to this document, NEPS provides short term

support for staff as teachers, in partnership with parents, are best placed to respond to children, in times of tragedy (p.13; p.3). One international study revealed the harsh impact of a critical event on the life of a principal in Canada with a school's closure following a critical incident generating strong emotional responses, a tense working environment, insecurity and personal health concerns and concludes that, while being particular to the Canadian context, other similar international investigations may yield similar results (Lenarduzzi, 2014). However, little attention has been paid to the impact of such critical incidents on the children in schools.

This study highlights children's mental health as a significant issue for schools. The range and severity of presentations described in this study present a clear picture of primary school children in Ireland as struggling with significant difficulties that warrant intervention. The study set out to establish the counselling needs of primary school children. The findings suggest that this need is considerable and that the most prevalent need is in relation to family issues. Furthermore, a quarter of schools had a critical incident in the past year with over half of these related to a death. Throughout the study, interview data has revealed some harrowing family contexts, all of which suggest that, while individual counselling is clearly needed, it is insufficient in responding to children's needs. Thus, it is important that policies or service development plans take account of not just individual children but their families.

Ad hoc provision of counselling in schools in Ireland

School-based counselling is one of the most prevalent forms of psychological service delivery for young people in the United Kingdom and is defined by the British Association of Counselling and Psychotherapy as "a professional activity delivered by qualified counsellors in schools which offers troubled or distressed children an

opportunity to talk about their difficulties within a relationship of agreed confidentiality” (Cooper, 2013, p. 3). Prior international studies have noted the importance of school-based counselling provision for children. The Welsh Assembly Government (WAG, 2008) stated that all Local Authorities should provide high quality counselling provision to all children, providing them with someone to turn to if and when they needed help or support.

Gott (2003) identifies the education sector and the school setting as key to this work of supporting vulnerable children and young people. Indeed, other studies have revealed that the accessibility and familiarity of schools for students and family members allows counselling to be delivered in a ‘real-world’ setting (Truneckova & Viney, 2012). Fox & Butler (2007) suggests that locating school counselling on-site would normalise service provision for children and result in more accurate assessment of presenting issues, enabling preventative work to be carried out to tackle problems before they become pathological. Indeed, with a significant gap between the mental health needs of young people and the services available to meet those needs, schools are increasingly recognised as important locations for addressing the well-being needs of students (Truneckova & Viney, 2012). Since no formal school-based counselling exists in Ireland this study sought to capture the landscape in Ireland in terms of provision and delivery of such services at primary level.

In addition to investigating primary school children’s needs this study sought to establish current provision of school based counselling in primary schools in Ireland. Findings in this study have revealed that counselling provision located on-site in primary schools is limited to a small number of urban schools and its provision is dependent on principals seeking it out or counsellors approaching the school and offering the provision. This ad hoc nature of provision extends to the issue of

providing suitable accommodation for the service, with most accommodation provision being of a temporary nature. Accommodation was described as haphazard, restricted, inadequate and involved the use of a prefabricated room due to be demolished or, indeed, different service providers having to share a room. However, findings also revealed that 57.5% (737) participants have suitable accommodation for the provision of counselling onsite.

This contrasts with the school counselling landscape in Northern Ireland, Britain and internationally where there is provision of school-based counselling at primary school level. A recent study stated that Place2Be delivers school-based therapeutic interventions to around 47,000 children in 143 primary schools, two secondary schools and one independent school in England and Scotland (Lee, Tiley, & White, 2009). Another study reports that The Time 4 Me service delivered school-based counselling to 120 primary school children in twenty primary schools in Northern Ireland during the 2013/2014 school year (Kernaghan & Stewart, 2016). Furthermore, a scoping report into the prevalence of school-based counselling internationally found that counselling is offered to children and young people across the age range, from years 1 to 12 in thirty-nine countries while in the USA, counselling is also mandated at kindergarten level in 25 states (Harris, 2013).

Another important finding relates to the ad-hoc nature of funding for school counselling provision. While quantitative findings indicate that 17.9% of schools described their individual counselling as publically funded and 25.4% as privately funded there may be some ambiguity in the question with regard to the meaning of the word 'private'. It may be possible that public funding has been used to pay for private therapy and thus this was described as 'private' provision. This study has ascertained that schools accessed funding through donations from benefactors or

funding provided by a local community initiative. Some schools reported having availed of limited funding from a DEIS grant or from School Completion Programme resources. In addition, results confirm that counselling sessions are, on occasion, being provided on a pro-bono basis by counsellors in certain situations such as in the case where a counsellor may become concerned about a child.

The sense of frustration on the part of principals and the level of uncertainty that surrounds the sourcing of funds to maintain the service emerged from interviews with both principals and counsellors. The need for principals to be proactive in securing funds to ensure a continuance of the service was noted with results indicating that the tenure of counsellors is impacted upon by limited funding since no permanency exists for them, due to a lack of resources or haphazard accommodation provision. Indeed, the potential impact on children of such an ad hoc service delivery model needs to be considered. According to Adelman and Taylor (2000), child services and school mental health programmes do not rank highly in the educational hierarchy, are regarded as desirable, but not essential and are deemed dispensable as budgets tighten.

One unanticipated finding was in relation to the selection and referral of children to on-site counselling. While referrals are generally made by the principal, the class teacher or a parent requesting the service for their child, in this study incidences of children self-referring or indeed, in some cases, children referring their peers to the service were noted. Other studies have shown that when young people do seek help they will usually turn to friends and family who will often direct them to their school counsellor (Sheffield, Fiorenza, & Sofronoff, 2004; Rickwood, Deane, & Wilson, 2007). However these studies typically refer to children in second-level schools. The current study shows that even younger children are engaging in peer

support and are encouraging their friends to attend on-site counselling provision, indicating the need for earlier intervention provision to be made a priority for this vulnerable group.

Findings from the survey and interviews identified a range of external agencies with which schools engage, such as NEPS, Tusla Child and Family Agency, CAMHS, HSE-run Early Intervention and School Age Teams, Barnardos, Primary Care Services, the ISPCC, the Gardai, the local child and family agencies and the Drugs Awareness services. The current study findings indicate a level of frustration experienced by school staff in relation to the difficulty in accessing assessments, diagnoses and agencies such as CAMHS with reported waiting times of eighteen months to two years being the norm for children experiencing huge social, emotional and behavioural difficulties. Findings in this study revealed that though a high level of referrals (68.8%) were made to NEPS for emotional/behavioural concerns only half of these assessments recommended counselling for the referred child. It would have been useful to seek information regarding other recommendations made from NEPS assessments and whether these might be class-based interventions or ones that required other resources. Unfortunately, this question was not included in the questionnaire.

Principals noted the value of agencies that provide services in the school as they can be certain that children have availed of the support since the intervention takes place on-site. The role of the Home School Community Liaison Service, a support service that links between home and school, was highlighted in the study as an important support for schools in keeping the lines of communication between counsellor and parents open when a child has been referred for on-site counselling. Interview participants described how the HSCL co-ordinator presents and explains

information about the on-site counselling service to parents while, on other occasions, providing transition programmes for students moving from primary to secondary level education.

School management and principals who provide a counselling service on-site must devise their own system to ensure ethical provision of the service. Findings from interviews in this study have highlighted the informal nature of monitoring the service with principals receiving feedback in the form of verbal or written reports from counsellor, parents, children or teachers. The importance of hearing the child's voice in the decision to end therapeutic intervention is also highlighted in the findings.

A search of the international evidence base in relation to the monitoring and evaluation of school-based counselling at primary level has not revealed any clear procedure as to how school-based counselling is evaluated within schools. However, in the UK, organisations (Place2Be/Time4Me) and independent counsellors evaluate the service by using outcome measures such as the Strengths and Difficulties Questionnaire and the Child Outcome Rating Scale with children, in conjunction with written and/or verbal feedback from parents and teachers (Thompson, 2013). Further research and policy development in this area may be necessary to monitor and evaluate efficacy of service provision in Irish primary schools.

The Irish DES Guidelines on Mental Health Promotion: Wellbeing in Primary Schools (DES, 2015) states that mental health promotion and the provision of supports for vulnerable students is dependent on ongoing cooperation between schools and the range of available services and agencies from the education, health and community sectors. The current study has revealed that only 7.7% (99) of schools in Ireland reported having a written policy on child mental health and welfare in place in their schools. Similarly, a recent European study (including Ireland) found

that more than half the schools surveyed did not implement a school policy regarding mental health (Patalay, Giese, Stankovic, Curtin, Moltrecht & Gondek, 2016).

The current study provides evidence from study participants of the benefits which have resulted for children, parents and teachers due to the presence of an on-site counselling service in their schools. Quantitative data shows that out of the total sample (n=1282), 14.5% (186) participants noted an improvement in the behaviour of children after receiving school counselling; 12% (154) saw improvements in the attainment of children following school counselling while improvements in children's attendance were noted by 10.8% (139) participants. Interview participants also referred to perceived benefits of counselling for schools, such as teachers recognising changes in children's academic performance, behaviour in class and a reduction in anxiety related to school. These changes are significant because as research has shown, disruptive classroom behaviour can have an impact on a child's ability to learn in class (Rupani, Haughey & Cooper, 2012).

School-based counselling in primary schools tends to be carried out on a one-to-one basis and employs a range of verbal and non-verbal therapeutic approaches including play, art, psycho-education, storytelling, music and drama as well as talking (Thompson, 2013). Out of ten schools (n=10) who participated in Phase 2 of the study, results show that play therapy is being provided in five out of the participating schools with two schools having two interventions, play therapy and art therapy and the other, play therapy and psychological support for children. Counselling is provided in the other school.

Study participants indicated the benefits of such provision for children as confidence building, improvements in emotional intelligence, happier, more outgoing, children being calmer and displaying positive changes in behaviour. Having a safe

space that's theirs where children can be themselves, feel accepted and not have to perform has emerged as a particular benefit for children. Enhancing the positive climate in the school and improved learning experiences for children were other benefits cited by participants in the study. The results of this study are consistent with those of Daniunaite, Cooper and Forster (2015) whose evaluation study suggests that a play-based counselling model is associated with significant reductions in psychological distress in primary school children.

Teachers are seeing the immediate benefits of on-site counselling provision with children returning emotionally more confident to the classroom, according to qualitative findings. Increased self-esteem, the ability to manage feelings and an increased sense of self-worth are just some of the benefits cited by interview participants being seen in children who have availed of the on-site counselling service. A recent study found that 88.7% of primary school children achieved significant reductions in psychological distress following school-based counselling intervention in the United Kingdom (Cooper, Stewart, Sparks, & Bunting, 2013). Moreover, Gutman and Vorhaus (2012) highlight emotional well-being in primary school as a critical factor in academic progression and school engagement in later years, suggesting that emotional well-being is an important factor for the academic achievement of younger children. The accessibility of a mental health service on-site that supports both children and parents was a benefit noted in the current study.

The benefits of having a counsellor on-site were described by participants: the counsellor can act as an advocate for the child with teachers or with parents, helping them to see that there is more to the child than their behaviour; the location of a counselling service on-site in schools makes counselling more accessible to children; it provides children with an opportunity to self-refer or help a friend to ask for help; it

creates a safe, confidential space where children can share their worries and concerns about home and it normalises the process of counselling for children. For some children, counselling was described as helping them transition from chaos at home back to school and for which the provision of play therapy on-site in their primary school can provide solace. Studies have shown that school-based mental health interventions can reduce children's distress and improve their self-esteem (Adi, Killoran, Janmohamed, & Stewart-Brown, 2007).

The provision of a counselling service on-site was described by principals as an important resource for parents. According to the current study, parents who have difficulties parenting their child often seek help from the school counsellor. The provision of parenting skills courses by counsellors, are elements of on-site counselling provision that may benefit the parent/child relationship in the home. This view is supported by recent research which found that the quality of family relationships, as opposed to family structure, is the single most important contributor to children's subjective well-being (Kernaghan & Stewart, 2016). Since quantitative findings in the current study have identified 'general family issues' as the most frequent and most prevalent issue affecting children in primary schools, the importance of on-site counselling in providing support for families may need to be prioritised.

This study sought to investigate current school based counselling provision in Ireland. The findings show that 30.8% of schools have access to onsite counselling although this is accessed in an ad-hoc manner in terms of how the service is developed, how it is funded and accommodated and the level of service that is provided. While approximately one third of schools have access, 72.4% of schools surveyed indicated that they would like to have such a service onsite. The advantages

of onsite provision noted by participants included improvements in behaviour, attainment, attendance, increased confidence, self-worth and self-esteem for children, with support for parents and staff also indicated. This research extends our knowledge with regard to the ad-hoc nature of counselling provision, which is being implemented in response to a clearly existing need in a small number of primary schools in Ireland, with no formal guidelines in place for the regulation, monitoring or evaluation of the service.

Going Above and Beyond

This study has reported on the difficulties principals are confronted with in “going above and beyond” to respond to children’s needs. Findings reveal that principals and counsellors must push the boundaries of the limited resources available if they wish to secure counselling provision and employ counsellors to provide a service on-site. In some cases, principals must go above and beyond in their constant battle for external service provision for children.

The current study shows that, in addition to supporting children, counsellors go above and beyond to support parents and staff by providing workshops and courses to these groups. Findings show that teachers, too, find it useful to have somebody who is a qualified counsellor on-site to consult. Results also reveal that mainstream, resource and learning support teachers frequently fall into the role of counselling children and parents, a role which they are ill-equipped and unqualified to provide. A possible explanation in the case of resource and learning support teachers may be that these teachers often engage with children on an individual basis or in small groups, and as a result children may be more inclined to share in such a space. Research cites an attribute of school-based counselling as being a unique and specialist provision that

provides an additional level of support above and beyond what a school could offer, for a spectrum of need (Hamilton-Roberts, 2012).

It is clear from the findings discussed above that in the face of such complex presentations and high risk difficulties experienced by children, school principals are using whatever resources they can to respond to children's needs. School principals expressed their frustration at the lack of access to services and waiting times for access to external services. In the absence of a national policy on school based counselling (as is the case in the UK), the task of getting children help falls to school principals.

Barriers to Provision

One objective which this study set out to address was in relation to identifying if there were barriers to the provision of counselling onsite in primary schools in Ireland. The current study has revealed the views of principals and counsellors in relation to factors that mitigate against the provision of a counselling service in primary schools in Ireland. Funding is one barrier identified in the study. Efforts to secure funding to ensure a continuance of ongoing provision in schools has become the remit of principals who struggle to source such funding. Indeed, qualitative findings suggest that funding provision is ad hoc in nature with limited funding coming from benefactors, DEIS or School Completion programme grants or indeed from local community groups.

Greater communication between governmental departments involved in primary schools and the need for a policy directive in relation to school-based counselling provision in primary schools in Ireland was identified as vital in ensuring the availability of a consistent counselling service to support children. These findings are in line with a recent study into mental health provision in European schools

(including Ireland), which concluded that the lack of a national policy and funding are serious barriers to mental health and wellbeing provision together with staff capacity, lack of specialists and the quality of links with external agencies (Patalay et al., 2016). This European study also indicated that secondary schools were more likely to have a mental health and wellbeing school policy and better links to external agencies and suggested that fostering these links with primary schools might prove beneficial, given the increasing focus on and relevance of earlier screening and intervention for this cohort.

Strengths and Limitations of the Study

The aim of this study was to ascertain the demand for and provision of school counselling in primary schools in Ireland. An outstanding strength of the study can be attributed to the use of a mixed methods design which provides an opportunity for new information to emerge resulting in the enrichment of quantitative findings with qualitative data from semi-structured interviews. This was particularly evident in relation to the subthemes of ‘cultural issues’ and ‘falling between the cracks’ which did not come to light in the survey data but were a feature of the interview data. Consequently, qualitative data from Phase 2 interviews complemented and refined quantitative data from Phase 1, thereby strengthening the overall findings.

A further strength of the present study is that it enhances our understanding of the nature of critical incidents occurring in primary schools and in doing so, has presented an opportunity for further research and dialogue to occur in relation to the impact such incidents may have on children attending primary schools.

A particular merit of the study is that it is the first of its kind to explore the current demand for and provision of school based counselling in Ireland. The response rate of 39.4% in Phase 1 can be regarded as significant since out of 3,256

school principals identified, 1,282 responded to the survey, allowing for findings to be generalised (www.education.ie) This appears to suggest that this issue is one that is of considerable interest to school principals in Ireland.

In relation to the qualitative phase of the study, the use of school counsellors from a variety of therapeutic perspectives, namely play, art, counselling, and CBT, ensured that voices from the different theoretical perspectives currently being provided in a small number of urban primary schools in Ireland were captured. Notwithstanding the relatively limited sample (n=10), this work offers valuable insights into the theoretical orientation of school counselling provision in primary schools in Ireland.

A key strength of the present study lies in its contribution to knowledge in the field regarding the emotional needs of children, a group previously neglected in the research on the mental health needs of young people. The study has captured the serious level of complex issues, many of them family-related, affecting children's presentations in primary schools today which school staff attempt to deal with, though ill-equipped to do so. The reality of young children self-referring or referring their peers to the school counsellor was highlighted during the study, a factor which could open up a debate about the need for earlier intervention for this vulnerable cohort in primary schools in Ireland.

This is the largest study so far to document the current situation in primary schools with regard to the counselling needs of primary school children and how schools are responding to those needs. The presentation of children is comparable to that found in international studies, while the provision is in stark contrast to nearly countries such as the UK. In the face of such overwhelming children's needs, school principals, counsellors and teachers going above and beyond their remit in relation to

service provision. Finally, the study highlights the importance of taking account of children's contexts, namely familial, social and cultural, in understanding their counselling needs, in considering the most suitable service delivery for primary schools and whether this should be a combination of preventative, one to one support, systemic support or a combination of all three approaches.

There are, however, some limitations to this research and the overall findings of this study should be considered in light of these limitations. One limitation in this study is the focus being placed exclusively on the views of principals and counsellors while the views of parents and children, who may need counselling, had availed of on-site counselling services or were attending counselling outside the school context, were not captured. Similarly, the focus in the qualitative phase of the study was on principals and counsellors where counselling was available on-site. It would be helpful to capture the views of those school principals where counselling is not available on-site or indeed the views of counsellors who provide counselling to primary school children off-site. Additionally, it is possible that the inclusion of stakeholder focus groups would have also added further clarity and further enriched the data.

A further limitation may relate to the quantitative section of the study, in particular, the design of the survey tool. The questionnaire was developed drawing on previous literature in other jurisdictions so it would be possible to enable comparison. It may be that the length of the questionnaire (32 questions) resulted in a number of respondents not completing all of the questions. Attempting to capture the prevalence of psychological difficulties is challenging when accessing such information through third parties. The questions designed to elicit information of presenting issues in schools are problematic insofar as providing school principals with a list of

difficulties runs the risk of principals over-endorsing such items. Seeking to ascertain information in relation to the five most prevalent issues was an attempt to capture what are the most pressing issues that children present with. The overlap between items on these questions, for example, family issues and parental conflict, introduces some ambiguity into the responses provided. There may also have been confusion in relation to the meaning of the term ‘counselling’- some principals may have regarded different types of programmes as counselling and this, together with responses to question 28 may have fed into this confusion.

In addition, it would have been helpful to include a question in the survey regarding the qualifications of counsellors providing on-site counselling in primary schools, to capture the prevalence of student or trainee counsellors working with such a vulnerable population. This was information which emerged during interviews only. However, these are areas that could be explored further in future research.

In any qualitative investigation the potential for researcher bias cannot be overlooked. The researcher, as a primary teacher and qualified psychotherapist was motivated to conduct this study from her own experiences of a lack of school-based counselling provision and the impact that this had on children that she had been involved with over the years. Maintaining strict ethical procedures together with frequent discussions between the researcher and supervisors have attempted to guard against bias occurring in the current investigation.

Summary

This chapter discussed and evaluated the findings of this study in the context of other studies conducted in this field. The study has highlighted a number of key findings based on an online survey and a small number of interviews with school principals and counsellors. One such finding relates to the nature and complexity of

children's presentation in schools. It was found that children are presenting with anxiety, depression, self-harm, suicidal ideation, family-related, social, cultural and trauma-related issues with 85.8% of respondents citing general family issues as a prime presenting issue for children currently in primary schools in Ireland. In addition, it was found that some children in primary schools "fall through the cracks" with their complex needs not being met because they may be high achievers, well-behaved in class and, as a result, do not come to the attention of those in charge.

Moreover, it was found that almost a quarter of schools (22.3%, 286) have experienced a critical incident in the past year with a significantly higher incidence of these occurring in urban schools. Such incidents included the birth of a baby in the school, assaults/ anger/ violence by staff or child, a bomb scare, the murder of child or family member, suicide or attempted suicide of student/teacher/family member. It is suggested that little is known about the psychological impact of critical incidents in schools on the wider school community and in particular, on the children attending such schools. It is likely, however, that such crises would exacerbate difficulties for children who are already vulnerable. Conclusions drawn point to the need for a comprehensive therapeutic approach in primary schools that incorporates systemic family intervention support in addition to one to one counselling.

This study highlighted the ad hoc nature of school-based counselling provision currently in a small number of urban primary schools in Ireland. The struggle by principals to provide suitable accommodation for the service as well as having to be proactive in securing funds to ensure a continuance of the service is evident from the data gathered. The study highlights the ad hoc nature of referral with, in some instances, children self-referring or referring their peers to the service. While a range of therapeutic approaches are used - play therapy, art therapy, psychological

intervention in the form of CBT and counselling – access to such services is ad hoc and dependent on random factors such as principals relying on their own networks for recommendations, trainee counsellors approaching schools seeking counselling experience or qualified counsellors approaching schools and offering the service. In addition, the “informal nature” of monitoring and evaluation of on-site provision has been discussed in this chapter.

The perceived benefits for children, parents and teachers in relation to the presence of a school-based counselling service were discussed, while the impact of such a service on the school climate was noted. A lack of funding and the absence of a national policy relating to school-based counselling provision for primary schools were identified as potential barriers to provision. The strengths of the study have been identified in terms of both quantitative and qualitative aspects while the limitations of the study have also been addressed. The conclusion chapter will discuss implications and recommendations of the study together with suggestions for further research on this topic.

Chapter 6: Conclusion

The aim of the present research was to establish the demand for and provision of school counselling in primary schools in Ireland. This is the first such study in Ireland and provides an overview of the presenting psychological, emotional and behavioural needs of children attending primary schools in Ireland, the nature of services accessed in responding to those needs, the nature of counselling service provision in schools and the challenges and benefits experienced in providing such services. A review of the literature identified a gap in the evidence base in relation to this topic, thus emphasising both the need for and the uniqueness of this study. A mixed methods design approach, in the form of an online survey (n = 1282) and semi-structured interviews with school principals (n=5) and counsellors (n=5) where school-based counselling was provided, allowed for quantitative and qualitative analyses of data to take place, thereby enriching the findings.

Significance of Key Findings

A key finding from this study is the range and extent of significant psychological difficulties that children are presenting with in primary school in Ireland. Children are experiencing complex difficulties in terms of emotional and behavioural issues and presenting at a much younger age with significant concerns. In addition, a significant minority of schools experience ‘critical incidents’ of a serious nature, which have occurred on school grounds or in the community, the aftermath of which principals and staff must contend with. It is likely that such critical incidents impact on children in the schools and exacerbate the need for professional intervention.

This study has clearly established that there is minimal provision of school-based counselling currently on offer in a small number of primary schools in Ireland. Such provision is concentrated in urban schools and is accessed and funded on an ad hoc basis. Other findings surround the difficulties principals are confronted with in “going above and beyond” in their efforts to respond to children’s needs. The study has identified a lack of funding and a lack of national policy as barriers to provision.

Teachers were described as feeling overwhelmed and ill-equipped, in terms of training and remit, to deal with the complex needs of children, who are presenting with a myriad of higher-level issues in primary schools. “Children falling between the cracks”, a theme highlighted by this study, refers to highly functioning children who may appear withdrawn or anxious but because they remain outwardly well-behaved, do not come to the attention of those in charge. The vigilance of mainstream teachers was cited as crucially important for the identification of vulnerable children and subsequent provision of necessary supports.

Where counselling is available, in a small number of primarily urban schools, a range of benefits were described. Benefits for children were reported as confidence building, improvements in emotional intelligence, happier, more outgoing children who are displaying positive changes in behaviour. Having a safe space that’s theirs where children can be themselves, feel accepted and not have to perform were also cited as benefits. The study also revealed the positive benefits of on-site counselling on classroom dynamics with children returning to class calmer, more confident and better able to engage with learning. The presence of a counsellor on-site in primary schools has been cited by both principals and counsellors as a particular support for teachers both in terms of consultation about concerns in relation to a child, for specific training through mental health and well-being workshops and for the delivery

of self-care programmes for staff. The data supports the argument that the location of a counselling service in the school allows ease of access for children and parents to avail of a range of supports provided by counsellors as well as destigmatising the idea of counselling. There is a growing body of data to show that participation in school-based counselling is associated with significant reductions in psychological distress (Cooper et al., 2015).

Further findings identify the strong communication links between the resource teacher and the counsellor, who work closely together in identifying children for referral to the on-site counselling service. Moreover, the important role of the home school liaison teacher in communicating between home and school has also emerged as a significant support for primary schools with on-site counselling services. External agencies that are available to support primary schools in Ireland have been identified during the course of this study and the level of support provided by such services has been determined.

Implications for the field of knowledge

These findings have important implications for the field of knowledge in that the gap which existed in the evidence base with regard to determining the current state of school-based counselling in primary schools in Ireland has in some way been filled by this unique study. A key strength of this study has been the use of a mixed methods approach, ensuring the rigorous analysis of data that has resulting in enrichment and clarity of empirical findings. This study has contributed a unique insight into the perceptions of principals and counsellors in relation to the establishment and delivery of on-site primary school counselling services in Ireland. The findings in relation to the needs of children and the perceived benefits of school-based counselling are in line with other existing UK and international studies in the

empirical evidence base. The present study should prove to be particularly valuable to future researchers since it contributes evidence of the current state of school-based counselling in primary schools in Ireland. In addition, the study may provide a framework on which future researchers can base their investigations, while confirming or challenging the study findings.

Recommendations for future research

The study has raised important questions about how children with complex needs can be supported in primary schools and the need for principals and teachers to have ease of access to support services such as on-site counselling, which is currently proving to be beneficial for children. More research may be needed to determine the level of efficacy of school-based counselling for children in Ireland and, to that end, interviews with children who have availed of on-site counselling, could be a future focus of investigation. In addition, capturing the views and opinions of primary school teachers in relation to on-site provision could be explored. Another possible area of future research would be to investigate the views of stakeholders, such as management and governmental bodies involved in the primary education sector, in relation to establishing their views with regard to on-site counselling provision. A specific finding of this study indicates the absence of school counselling provision in primary schools in rural areas and therefore, the needs of this cohort needs to be developed.

Implications for policy and practice

The findings of this study have a number of implications for both policy and practice. The study has highlighted some benefits of the provision of on-site counselling supports in primary schools with regard to enhancing the mental health and well-being of children and reducing the severity and complexity of presentations

by children. These benefits are reflected in other studies from other jurisdictions and underscore the value in providing school-based counselling. The ad hoc nature of counselling provision and delivery at present, while appearing to provide some benefits, is underfunded, under resourced and is not based on any national policy. A consistent level of funding and establishing new services in other primary schools would assist in the development of school-based counselling services in Ireland. The availability of consistent funding would also have practical implications for on-site counsellors in terms of security of tenure.

Ensuring the provision of appropriate services and supports for student mental health and well-being in primary schools should be a priority for government. A key policy priority should be to plan for the development of a national policy for school counselling in Ireland that could offer recommendations as to the nature of school counselling that is appropriate for primary school children, the provision of earlier intervention for children in junior classes needing crisis intervention and the qualifications of personnel providing on-site counselling services. The needs of school staff to be supported in coping with the societal and cultural changes that impact on the delivery of primary education in schools should also be a consideration. A national policy could also assist schools in formalising their own school policy pertaining to student mental health and wellbeing, in identifying their own particular needs, in sourcing necessary supports and in providing guidance on the nature of accommodation that would be suitable for the provision of an on-site counselling service in primary schools.

References

- Adi, Y., Killoran, A., Janmohamed, K., & Stewart-Brown, S. (2007). *Systematic review of the effectiveness of interventions to promote mental wellbeing in children in primary education: Universal approaches (non-violence related outcomes)*. London: National Institute for Health and Clinical Excellence.
- Adelman, H. S., & Taylor, L. (2012). Mental health in schools: Moving in new directions. *Contemporary School Psychology, 16*, 9-18.
- American School Counsellor Association. (2012). *The ASCA national model: A framework for school counseling programs* (3rd ed.). Alexandria: VA: Author.
- Ang, L. (2008). *Masters Dissertation*. National Institute of Education: Singapore.
<http://repository.nie.edu.sg/jspui/bitstream/10497/2860/1/AngLeeIm.pdf>
- BACP. (2016). Access to counselling in primary schools. *Therapy Today, 27*(4), 51.
- Barton, B., & Peat, J. (2014). *Medical statistics : A guide to SPSS, data analysis and critical appraisal* (2). Somerset, GB: BMJ Books. Retrieved from <http://www.ebrary.com>
- Bazeley, P. (1999). The bricoleur with a computer: Piecing together qualitative and quantitative data. *Qualitative Health Research, 9*(2), 279-287.
- Becker, B., & Luthar, S. (2002). Social-emotional factors affecting achievement outcomes among disadvantaged students: closing the achievement gap. *Educational Psychologist, 37*(4), 197-214.
- Bergman, M. (2008). *Advances in mixed methods research: Theories and applications*. London: Sage.
- Bertolani, J., Mortari, L., & Carey, J. (2014). Formative evaluation of Eccomi Pronto: A school counselor-led, research-based, preventative curriculum for Italian

- primary schools. *International Journal for the Advancement of Counselling*. 36 (3), 317-331.
- Biddle, C., & Schafft, K. A. (2015). Axiology and anomaly in the practice of mixed methods work pragmatism, valuation, and the transformative paradigm. *Journal of Mixed Methods Research*, 9(4), 320-334.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology* 3(2),77-101.
- Bryman, A. (2006). Integrating quantitative and qualitative research: how is it done? *Journal of Mixed Methods Research*, 9(4), 320-334.
- Burnard, P., Gill, P., Stewart, K., Treasure, E., & Chadwick, B. (2008). Analysing and presenting qualitative data. *British dental journal*, 204(8), 429-432.
- Burnard, P. (1991). A method of analysing interview transcripts in qualitative research. *Nurse education today*, 11(6), 461-466.
- Burton, S., & Steane, P. (2004). *Surviving Your Thesis*. Routledge: Taylor & Francis.
- Campbell, M. (2004). What to do? An exploration of ethical issues for principals and school counsellors. *Principia: Journal of the Queensland Secondary Principals' Association*, 1, 7-9.
- Campbell, M., & Colmar, S. (2014). Current status and future trends of school counseling in Australia, *Journal of Asia Pacific Counseling*, 4(2), 181-197.
- Cannon, M., Coughlan, H., Clarke, M., Harley, M., & Kelleher, I. (2013). *The mental health of young people in Ireland: A report of the Psychiatric epidemiology research across the lifespan (PERL) Group* Dublin: Royal College of Surgeons in Ireland.

- Chen, N., Sable, J., & Liu, F. (2011). *Data file: Common core of data state non-fiscal survey of public elementary and secondary education: School year 2009-10*. National Center for Educational Statistics.
- Chenail, R. J. (2011). Interviewing the investigator: Strategies for addressing instrumentation and researcher bias concerns in qualitative research. *The Qualitative Report*, 16 (1), 255-262.
- Cohen, J. (2013). Creating positive school climate: A foundation for resilience. In S. Goldstein & R. B. Brooks (Eds.), *Handbook of resilience in children* (pp. 411-422). New York, NY: Springer.
- Collins, K. M., Onwuegbuzie, A. J., & Sutton, I. L. (2006). A model incorporating the rationale and purpose for conducting mixed methods research in special education and beyond. *Learning disabilities: A Contemporary Journal*, 4(1), 67-100.
- Cooper, M. (2009). Counselling in UK secondary schools: A comprehensive review of audit and evaluation studies. *Counselling and Psychotherapy Research*, 9, 137-150.
- Cooper, M. (2013). *School-based counselling in the UK secondary schools: A review and critical evaluation*. Glasgow: University of Strathclyde.
- Cooper, M., Pybis, J., Hill, A., Jones, S., & Cromarty, K. (2013). Therapeutic outcomes in the Welsh government's school-based counselling strategy: An evaluation. *Counselling and Psychotherapy Research*, 13(2), 86-97.
- Cooper, M., Stewart, D., Sparks, J., & Bunting, L. (2013). School-based counselling using systematic feedback: A cohort study evaluating outcomes and predictors of change. *Psychotherapy Research*, 23(4), 474-488.

- Cooper, M., Fugard, A., Pybis, J., MacArthur, K., & Pearce, P. (2015). Estimating effectiveness of school-based counselling: Using data from controlled trials to predict improvement over non-intervention change. *Counselling and Psychotherapy Research*, 15(4). British Association for Counselling and Psychotherapy.
- Coughlan, H., Tiedt, L., Clarke, M., Kelleher, I., Tabish, J., Molloy, C., Harley, M., & Cannon, M. (2014). Prevalence of DSM-IV mental disorders, deliberate self-harm and suicidal ideation in early adolescence: an Irish population-based study. *Journal of Adolescence*, 37(1), 1-9.
- Creswell, J.W. (1994). *Qualitative and quantitative approaches*. Thousand Oaks: Sage.
- Creswell, J.W. (2003). *Research design: Qualitative, quantitative, and mixed methods approaches*. (2nd ed.) Thousand Oaks: Sage.
- Creswell, J.W. (2007). Five qualitative approaches to inquiry. *Qualitative inquiry and research design: Choosing among five approaches*, 53-84. Thousand Oaks: Sage.
- Creswell, J.W. (2013). *Research design: Qualitative, quantitative, and mixed methods approaches*. Thousand Oaks: Sage.
- Creswell, J. W., & Clark, V. (2007). *Designing and conducting mixed methods research*. London: Sage.
- Crosbie, G., Charles, E., Peel, R., Moran, J., Cullen, A., Carroll, D., & Buckley, C. (2011). An evaluation of the 'Friends for Life' programme in Irish schools. *The Irish Psychologist*, 38(1), 14-20.
- Dadaczynski, K., & Paulus, P. (2010). *International survey of principals concerning emotional and mental health and well-being: Germany*. Intercamhs & ICP.

- Daniunaite, A., Cooper, M., & Forster, T. (2015). Counselling in UK primary schools: Outcomes and predictors of change. *Counselling & Psychotherapy Research*, 15(4), 251-261. doi:10.1002/capr.12016
- Davenport, J., & Tansey, A. (2009). *Outcomes of an Incredible Years classroom management programme with teachers from multiple schools*. National Educational Psychological Service.
- Davie, S. (2014). *Singapore teens ranked No. 1 in problem solving*. The Straits Times. Retrieved from <http://www.asianewsnet.net/Spore-teens-ranked-No-1-in-problem-solving-58758.html>
- Day, C. (2015). Editorial: Child and adolescent mental health: a global challenge, *Child and Adolescent Mental Health*, <http://onlinelibrary.wiley.com>
- De Lisle, J. (2011). The benefits and challenges of mixing methods and methodologies. *Caribbean Curriculum*, 18, 87-120.
- Denzin, N. K., & Lincoln, Y. S. (1994). *Handbook of qualitative research*. Thousand Oaks, CA: Sage Publications.
- Denzin, N. K. (2010). Moments, mixed methods, and paradigm dialogues. *Qualitative Inquiry*.
- Department of Education and Skills, Health Service Executive, Department of Health. (2013). *Well-Being in post primary schools: Guidelines for mental health promotion and suicide prevention*. Dublin: DES, HSE, DOH.
- Department of Education and Skills, Health Service Executive, Department of Health. (2015). *Well-being in primary schools: Guidelines on mental health promotion*. Dublin: DES, HSE, DOH.

- Department of Education and Skills Ireland, (2016). *Responding to critical incidents: Guidelines and resource materials for schools*. Dublin: Department of Education and Skills.
- Department of Children and Youth Affairs. (2011). *Children First, 2011*. Dublin: Government Publications.
- Dooley, B., & Fitzgerald, A. (2012). *My world survey: National study of youth mental health in Ireland*. Dublin: The National Centre for Youth Mental Health, Dublin and UCD School of Psychology, Dublin.
- Downes, P. (2004). *Psychological support services for Ballyfermot: Present and future*. Commissioned Research Report. Ballyfermot, Dublin: URBAN.
- Elliott, J. (2005). *Using narrative in social research: Qualitative and quantitative approaches*. London: Sage.
- Evans, E., Hawton, K., Rodham, K., & Deeks, J. (2005). The prevalence of suicidal phenomena in adolescents: A systematic review of population-based studies. *Suicide and Life-Threatening Behavior*, 35, 239–250.
- Feilzer, M. Y. (2010). Doing mixed methods research pragmatically: Implications for the rediscovery of pragmatism as a research paradigm. *Journal of mixed methods research*, 4(1), 6-16.
- Fisher, P. A. (2015). Review: Adoption, fostering, and the needs of looked-after and adopted children. *Child and Adolescent Mental Health*, 20, 5-12. doi: 10.1111/camh.12084
- Fonagy, P. (2003). The research agenda: the vital need for empirical research in child psychotherapy, *Journal of Child Psychotherapy*, 29, (2), 129.

- Fox, C. L., & Butler, I. (2007). 'If you don't want to tell anyone else you can tell her': Young people's views on school counselling. *British Journal of Guidance & Counselling*, 35(1), 97-114. doi:10.1080/03069880601106831
- Gott, J. (2003). The school: the front line of mental health development? *Pastoral Care*, 21(4), 5-13.
- Griffin, E., Arensman, E., Dillon, CB., Corcoran, P., Williamson, E., & Perry, I. (2014). *National self-harm registry Ireland annual report 2014*. Cork: National Suicide Research Foundation.
- Guba, E. (1990). The alternative paradigm dialog. In E. Guba (Ed.), *The paradigm dialog*, 17-30. Newbury Park, CA: Sage.
- Gutman, L. M., & Vorhaus, J. (2012). *The impact of child behaviour and wellbeing on educational outcomes*. London: Department for Education.
- Hamilton-Roberts, A. (2012). Teacher and counsellor perceptions of a school-based counselling service in South Wales. *British Journal of Guidance & Counselling*, 40(5), 465-483. doi:10.1080/03069885.2012.718737
- Hanson, W. E., Creswell, J. W., Clark, V. L. P., Petska, K. S., & Creswell, J. D. (2005). Mixed methods research designs in counseling psychology. *Journal of Counseling Psychology*, 52(2), 224.
- Harris, B. (2013). *Counselling MindEd - elearning to support young healthy minds; Scoping Report: International school-based counselling*. British Association of Counselling and Psychotherapy.
- Harris, B. (2014). Locating school counseling in the Asian-Pacific region in a global context: Brief reflections on a scoping review of school counseling internationally, *Journal of Asia Pacific Counseling*, 4(2), 217-245.

- Holloway, I., & Todres, L. (2003). The status of method: flexibility, consistency and coherence. *Qualitative Research*, 3, 345-57.
- Hornby, G., & Atkinson, M. (2003). A framework for promoting mental health in schools, *Pastoral Care in Education*, 21(2), 3-9.
- Howe, K.R. (1988). Against the quantitative-qualitative incompatibility thesis or dogmas die hard. *Educational Researcher*, 17, 10-16.
- IBM, (2012). *IBM SPSS Statistics for Windows, Version 21.0*. NY: IBM Corp.
- Johnson, R. B., & Christensen, L. B. (2004). *Educational research: Quantitative, qualitative, and mixed approaches*. Boston, MA: Allyn and Bacon.
- Johnson, R. B., & Onwuegbuzie, A. J. (2004). Mixed methods research: A research paradigm whose time has come. *Educational Researcher*, 33(7), 14-26.
- Johnson, B., & Turner, L. A. (2003). Data collection strategies in mixed methods research. *Handbook of mixed methods in social and behavioral research*, 297-319.
- Kauffman, J. M., & Landrum, T. J. (2013). *Characteristics of emotional and behavioral disorders of children and youth (10th ed.)*. Boston, MA: Pearson/Merrill.
- Keats, P., & Laitsch, D. (2010). Contemplating regulations of counsellors in Canadian schools: Current issues and concerns, *Canadian Journal of Educational Administration and Policy*, 108, 1-33.
- Kelleher, I., Connor, D., Clarke, M., Devlin, N., Harley, M., & Cannon, M. (2012). Prevalence of psychotic symptoms in childhood and adolescence: a systematic review and meta-analysis of population-based studies. *Psychological Medicine*, 9, 1-7.

- Kemper, E. A., Stringfield, S., & Teddlie, C. (2003). Mixed methods sampling strategies in social science research. In A. Tashakkori & C. Teddlie (Eds.), *Handbook of Mixed Methods in the Social and Behavioral Sciences*, 273-296. Thousand Oaks, CA: Sage.
- Kernaghan, D., & Stewart, D. (2016). "Because you have talked about your feelings, you don't have to think about them in school": Experiences of school-based counselling for primary school children in Northern Ireland. *Child Care in Practice*, 22(3) 231-246.
- Kessler, R. (2009). Identifying and screening for psychological and comorbid medical and psychological disorders in medical settings. *Journal of Clinical Psychology*, 65(3), 253-267.
- Kimber, M., & Campbell, M. (2014). Exploring ethical dilemmas for principals arising from role conflict with school counsellors. *Educational Management Administration & Leadership* 42, 207-225. Sage Journals.
- Kinnear, P., & Gray, C. (2004). *SPSS12 Made Simple*. Hove: Psychology Press.
- Kok, J. (2013). The role of the counsellor in the Singapore secondary school system, *British Journal of Guidance & Counselling*.
- Kourkoutas, E. (2012). *Behavioral disorders in children: Ecosystemic psychodynamic interventions within family and school context*. New York, NY: Nova Science.
- Kourkoutas, E., Georgiadi, M., & Hadjaki, M. (2011). Teachers' perceptions of children' social dysfunctions: A combined qualitative and quantitative approach. *Social and Behavioural Science*, 15, 3870-3880.
- Kourkoutas, E., & Giovazolias, T. (2015). School-based counselling work with teachers: An integrative model. *European Journal of Counselling Psychology*, 3(2), 137-158.

- Lee, R. C., Tiley, C. E., & White, J. E. (2009). The Place2Be: Measuring the effectiveness of a primary school-based therapeutic intervention in England and Scotland. *Counselling & Psychotherapy Research*, 9(3), 151-159.
- Lenarduzzi, G. (2014). Critical incident effects on principals. *Educational Management Administration & Leadership*, 43(2), 253 – 268.
- Mackenzie, N., & Knipe, S. (2006). Research dilemmas: Paradigms, methods and methodology. *Issues in Educational Research*, 16(2), 193-205.
- Madge, N., Hewitt, A., Hawton, K., de Wilde, E., Corcoran, P., Fekete, S., van Heeringen, K., De Leo, D., & Ystgaard, M. Deliberate self-harm within an international community sample of young people: Comparative findings from the Child & Adolescent Self-harm in Europe (CASE) Study. *Journal of Child Psychology and Psychiatry* 49(6), 667–677.
- Mays, N., Pope, C., & Popay, J. (2005). Systematically reviewing qualitative and quantitative evidence to inform management and policy-making in the health field. *Journal of Health Services Research & Policy*, 10(1), 6-20.
- McDonald, J.H. (2014). *Handbook of Biological Statistics* (3rd ed.). Baltimore: Sparky House Publishing.
- McElearney, A., Adamson, G., Shevlin, M., Tracey, A., Muldoon, B., & Roosmale-Cocq, S. (2007). Independent schools counselling: Profiling the NSPCC Service experience. *Child Care In Practice*, 13(2), 95-115.
- McGuckin., C. & O'Brien, A. (2013). Lest we forget: Lessons learned in Ireland following budget 2012, *Australian Journal of Guidance & Counselling*, 23(2), 273-279.

- Mehta, R., & Suvadas, E. (1995). Comparing response rates and response content in mail versus electronic mail surveys. *Journal of the Market Research Society*, 37 (4), 429-439.
- Merrell, K., & Gueldner, B. (2010). *Social and Emotional Learning in the Classroom: Promoting Mental Health and Academic Success*. New York: The Guildford Press.
- Mertens, D. M. (2014). *Research and evaluation in education and psychology: Integrating diversity with quantitative, qualitative, and mixed methods*. London: Sage.
- Morrison, M. (2002). What do we mean by educational research? *Research Methods in Educational Leadership and Management*, 3-27.
- Morse, J. M. (1991). Approaches to qualitative-quantitative methodological triangulation. *Nursing Research*, 40, 120-23.
- Morse, J. M., & Niehaus, L. (2009). *Mixed method design: Principles and procedures*. Walnut Creek, CA: Left Coast Press.
- NVivo (2012). *Qualitative data analysis Software:Version 11*. QSR International Pty Ltd.
- Oliver, P. (2008). *Writing Your Thesis* (2nd ed.) London: Sage Publications.
- Oliver, P. (2010). *The student's guide to research ethics*. McGraw-Hill Education: UK.
- Onwuegbuzie, A. (2003). Effect sizes in qualitative research: A prolegomenon. *Quality & Quantity: International Journal of Methodology*, 37, 393-409.
- Onwuegbuzie, A. J., & Leech, N. L. (2005). On becoming a pragmatic researcher: The importance of combining quantitative and qualitative research

- methodologies. *International Journal of Social Research Methodology*, 8(5), 375-387.
- Onwuegbuzie, A. J., & Teddlie, C. (2003). A framework for analyzing data in mixed methods research. *Handbook of Mixed Methods in Social and Behavioral Research*, 2, 397-430.
- O'Reilly, A., Illback, R., Peiper, N., O'Keeffe, L., & Clayton, R. (2015). Youth engagement with an emerging Irish mental health early intervention programme (Jigsaw): Participant characteristics and implications for service delivery. *Journal of Mental Health*, 24(5), 283-288.
- Patalay, P., Deighton, J., Fonagy, P., & Wolpert, M. (2015). The relationship between internalising symptom development and academic attainment in early adolescence. *PloS one*, 10(1), e0116821.
- Patalay, P., Giese, L., Stankovic, M., Curtin, C., Mottrecht, B., & Gondek, D. (2016). Mental health provision in schools: Priority, facilitators and barriers in 10 European countries. *Child and Adolescent Mental Health*.
- Patel, V., & Rahman, A. (2015). Editorial Commentary: An agenda for global child mental health. *Child and Adolescent Mental Health*, 20, 3-4.
- Palinkas, L. A., Horwitz, S. M., Green, C. A., Wisdom, J. P., Duan, N., & Hoagwood, K. (2015). Purposeful sampling for qualitative data collection and analysis in mixed method implementation research. *Administration and Policy in Mental Health and Mental Health Services Research*, 42(5), 533-544.
- Plant, P., Christiansen, L., Lovén, A., Vilhjálmsdóttir, G., & Vuorinenet, R. (2003). Research in educational and vocational guidance in the nordic countries: Current trends. *International Journal for Educational and Vocational Guidance*, 3, 101-122.

- Ponterotto, J. G. (2005). Qualitative research in counseling psychology: A primer on research paradigms and philosophy of science. *Journal of Counseling Psychology*, 52(2), 126.
- Qualtrics (2015). *Version 2015*. Qualtrics, Provo, UT, USA. <http://www.qualtrics.com>
- Quinn Patton, M. (2002). *Qualitative Research and Evaluation Methods*. London / Thousand Oaks, CA: Sage Publications.
- Reicher, S., & Taylor, S. (2005). Similarities and differences between traditions. *Psychologist*, 18(9), 547-549.
- Remley, T., Bacchini, E., & Krieg, K. (2010). Counselling in Italy. *Journal of Counseling and Development*, 88, 28-32.
- Rickwood, D., Deane, F., & Wilson, C. (2007). When and how do young people seek professional help for mental health problems? *Medical Journal of Australia*, 187(7), 35-39.
- Ritchie, J., Lewis, J., Nicholls, C. M., & Ormston, R. (Eds.). (2013). *Qualitative research practice: A guide for social science students and researchers*. Sage.
- Rodgers, A., & Dunsmuir, S. (2015). A controlled evaluation of the 'Friends for Life' emotional resiliency programme on overall anxiety levels, anxiety subtype levels and school adjustment. *Child and Adolescent Mental Health*, 20, 13-19.
- Rogers, C. (2012). *Client Centred Therapy (New Ed)*. Hachette: UK.
- Rossmann, G., & Rallis, S. (2003). *Learning in the field: An introduction to qualitative research*. Thousand Oaks, CA: Sage.
- Rowling, L., Whitman, C., & Biewener, M. (2009). *International survey of principals concerning emotional and mental health and well-being: Australia*. Newton: EDC Health & Human Development Programs.

- Rupani, P., Haughey, N., & Cooper, M. (2012). The impact of school-based counselling on young people's capacity to study and learn. *British Journal of Guidance & Counselling*, 40(5), 499-514.
- Sale, J.E.M., & Lohfeld, L.H. (2002). Revisiting the quantitative-qualitative debate: implications for mixed-methods research. *Qualitative Quantitative*, 36, 43–53.
- Sawyer, M., Arney, F., Baghurst, P., Clark, J., & Graetz, B. (2000). *Mental health of young people in Australia: Child and adolescent component of the national survey of mental health and well-being*. Canberra: Commonwealth Department of Health and Aged Care.
- Sheffield, J.K., Fiorenza, E., & Sofronoff, K. (2004). Adolescents' unwillingness to seek psychological help: Promoting and preventing factors. *Journal of Youth Adolescence*, 33, 495-507.
- Smyth, E. (2015). *Wellbeing and school experiences among 9- and 13-year-olds: Insights from the Growing Up in Ireland study*. The Economic and Social Research Institute Ireland.
- Solomon, M., & Nashat, S. (2010). Offering a 'therapeutic presence' in schools and education settings. *Psychodynamic Practice: Individuals, Groups and Organisations*, 16(3), 289-304. doi:10.1080/14753634.2010.492145
- Teddlie, C., & Tashakkori, A. (Eds.). (2009). *Foundations of mixed methods research: Integrating quantitative and qualitative approaches in the social and behavioral sciences*. Sage Publications Inc.
- Teddlie, C., & Tashakkori, A. (2011). *Mixed methods research: The Sage handbook of qualitative research*, 285-300.

- Teddlie, C., & Tashakkori, A. (2012). Common “core” characteristics of mixed methods research. A review of critical issues and call for greater convergence. *American Behavioral Scientist*, 56(6), 774-788.
- Tashakkori, A., & Teddlie, C. (Eds.). (2010). *Sage handbook of mixed methods in social & behavioral research*. Sage.
- The Children’s Mental Health Coalition (CMHC). (2015). *Meeting the mental health support needs of children and adolescents: A Children’s Mental Health Coalition*. Pobal.
- The Teaching Council of Ireland. (2011). *Policy on the continuum of teacher education*. Teaching Council.
- Thompson, W. (2013). *Counselling in UK primary schools*. Lutterworth: BACP/Counselling MindEd.
- Thompson, L. F., Surface, E. A., Martin, D. L., & Sanders, M. G. (2003). From paper to pixels: Moving personnel surveys to the web. *Personnel Psychology*, 56 (1), 197–227.
- Truneckova, D., & Viney, L. (2012). Personal construct psychology model of school counselling delivery. *British Journal of Guidance & Counselling*, 40 (5), 431-448.
- U.S. Department of Education, National Center for Education Statistics. (2009). *Crime, violence, discipline and safety in U.S. public schools: Findings from the school survey on crime and safety: 2007–08 (NCES 2009-326)*. Washington, DC.
- Van Teijlingen, E. R., & Hundley, V. (2001). The importance of pilot studies. *Social Research Update*, 35.

- Waddell, C., McEwan, K., Shepherd, C. A., Offord, D. R., & Hua, J. M. (2005). A public health strategy to improve the mental health of Canadian children. *The Canadian Journal of Psychiatry*, 50(4), 226-233.
- Webster-Stratton, C., & Hancock, L. (1998). Parent training: Content, methods and processes. In E. Schaefer (Ed.), *Handbook of Parent Training* (2nd Ed) 98-152. New York: Wiley and Sons.
- Welsh Assembly Government. (2008). *School-based counselling services in Wales: A national strategy. Department for Children, Education, Lifelong Learning and Skills*. Cardiff: Welsh Assembly Government.
- World Health Organisation. (2014). *Preventing suicide: A global imperative*. World Health Organisation: Geneva.
- Whitman, C., Wells, G., Rowling, L., & Biewener, M. (2009). *International survey of principals concerning emotional and mental health and well-being: Canada*. Intercamhs & ICP.
- Williams, J., Greene, S., Doyle, E., Harris, E., Layte, R., McCoy, S., McCrory, C., Murray, A., Nixon, E., O'Dowd, T., O'Moore, M., Quail, A., Smyth, E., Swords, L., & Thornton, M. (2009). *Growing Up in Ireland – national longitudinal study of children: The lives of 9-year olds*. Dublin: The Stationery Office.
- Woo, B., Ng, T., Fung, D., Chan, Y., Lee, Y., Koh, J., & Chai, Y. (2007). Emotional and behavioural problems in Singaporean children based on parent, teacher and child reports. *Singapore Medical Journal*, 48, 1100-1106.
- World Health Organisation. (2004). *The World Health Report 2004: Changing history*. World Health Organisation: Geneva.

World Health Organisation. (2014). *Preventing suicide: A global imperative*. World Health Organisation: Geneva.

Yeo, L., & Lee, B. (2014). School-Based Counseling in Singapore. *Journal of Asia Pacific Counseling*, (4)2, 159-167. The Korean Counseling Association.

Zubrick, S., Silburn, P., Burton, P., & Blair, E. (2000). Mental health disorders in children and young people. *Australian and New Zealand Journal of Psychiatry*, 34, 570-578.

<http://www.education.ie/en/Publications/Statistics/Education-Statistics-Database/>

Appendix A



St Patrick's
Mental Health Services



School Counselling Questionnaire

Thank you for agreeing to complete this questionnaire about counselling in primary schools in Ireland. It will take about 15 minutes to complete. Your contribution is much appreciated. Your response to this invitation is deemed to be consent to participate.

Please read the information below before completing the questionnaire.

**Study Title: Counselling demand and provision in primary schools in
Ireland**

Research Team: Dr. Rosaleen McElvaney, Dr. Evelyn Gordon and Research Assistant,
Deirdre Judge Dooley, Dublin City University.

Background: Unlike many European countries there is little provision of school counselling for children attending primary schools in Ireland although this is currently available to secondary school students. Therefore, it is not known what the perceived demand for such provision is and how best to address this issue.

Study Aims: The aim of this study is to establish a knowledge base of the current demands and provision of counselling services in primary schools in Ireland. The study consists of both an online survey and in depth interviews with principals and counsellors in schools that currently provide counselling support for students to establish student needs that are being addressed through this provision. Establishing demand and provision in the Irish primary school sector can inform national policy on this important area.

Benefits and Risks: Direct benefits to participants include being able to articulate and identify needs within your own school, while indirect benefits include being involved in highlighting the issue nationally and influencing policy development in this area. It is not anticipated that there will be any adverse outcomes of this study.

Anonymity and Confidentiality: Your responses to this survey are anonymous. However, we do invite you to consider participating in Phase 2 of the study (face to face interviews) if counselling is provided in your school. If you are interested, we ask you to provide your contact details so that we can send you further information. We will invite a small number of Principals to participate in Phase 2 of the study, along with a small number of Counsellors.

The data collected will be accessed only by the research team. Data will be stored for a period of 3 years in a secure locked filing cabinet at the office of the Lead Researcher and home office of the Research Assistant. All data is subject to Data Protection Legislation.

Sponsorship: This study is being sponsored by St. Patrick's Mental Health Services.

For further information please contact: Dr. Rosaleen McElvaney (Lead Researcher) on rosaleen.mcelvaney@dcu.ie or 01 7007383.

If you have any concerns about this study please contact:

The Secretary, Dublin City University Research Ethics Committee,

C/O Research and Innovation Support, Dublin City University, Dublin 9. Tel. 01-7008000.

PRIMARY SCHOOL COUNSELLING SURVEY

Q1 Please indicate your role in the school:

- ☐ Principal
- ☐ Other (please specify)

Q2 Total number of staff employed in the school:

Q3 Type of staff employed by the school:

- ☐ Mainstream
- ☐ Learning Supports
- ☐ Special Needs Assistants
- ☐ Other (please specify type)

Q4 Percentage of gender make-up of the children in your school (approx. - total must sum 100%):

Q5 Type of school:

- ☐ Primary
- ☐ Special
- ☐ Other (please specify)

Q6 Locality of your school:

- ☐ Rural
- ☐ Urban

Q7 DEIS band of your school:

- ☐ Non DEIS
- ☐ DEIS (Band 1)
- ☐ DEIS (Band 2)

Q8 Religious ethos of your school:

- ☐ Denominational
- ☐ Multi-denominational
- ☐ Non-denominational

Q9. Religious denomination of children in your school (approx. percentage; total must equal 100; click on 'total' box to see total):

- _____ Catholic
- _____ Protestant
- _____ Muslim
- _____ Other

Q10. Has your school a written policy on child mental health and welfare?

- ☐ Yes (If yes, what year was this policy put in place:
- ☐ No

Section Two: Emotional Needs of Children

11. Please select which of the following issues have children presented with in your school in the past year:

- ☐ General Family Issues
- ☐ Separation/ Divorce/Marital Breakdown

- ☐ Anger
- ☐ Low Mood
- ☐ Self-harm
- ☐ Behaviour-related
- ☐ Anxiety
- ☐ Suicidal thoughts
- ☐ Relationships with teachers
- ☐ Depression / Suicide of a child or a close relative
- ☐ Relationships (other than friends or teacher)
- ☐ Attendance/school refusal
- ☐ Eating disorders
- ☐ Academic concerns
- ☐ Bullying (bully or being bullied)
- ☐ Substance misuse (alcohol/drugs) by a child
- ☐ Sexual (including orientation)
- ☐ Cyberbullying
- ☐ Substance misuse (alcohol/drugs) by a parent/carer
- ☐ Financial concerns/poverty
- ☐ Bereavement
- ☐ Lack of self-esteem
- ☐ Stress
- ☐ Child Abuse or Neglect
- ☐ Domestic Abuse
- Other (please specify)

Q12. Please rate the five most prevalent issues, where 1 was the most prevalent and 5 was the least prevalent, that children presented with in the past year in your school.

General Family Issues (1)

Anger (2)

Behaviour related (3)

Relationships with teachers (4)

Relationships (other than friends or teacher) (5)

Academic concerns (6)

Sexual (including orientation) (7)

Financial concerns/poverty (8)

Lack of self-esteem (9)

Stress (10)

Low Mood (11)

Anxiety (12)

Depression (13)

Attendance/school refusal (14)

Bullying (bully or being bullied) (15)

Cyberbullying (16)

Bereavement (17)

Child Abuse or Neglect (18)

Domestic Abuse (19)

Separation/ Divorce/ Marital Breakdown (20)

Self-harm (21)
Suicidal thoughts (22)
Suicide of a child or a close relative (23)
Eating disorders (24)
Substance misuse (alcohol/drugs) by a child (25)
Substance misuse (alcohol/drugs by a parent/carer) (26)
Other (please specify) (27)
Specify Other:

Q13. Have you accessed psychological assessments from NEPS in the past calendar year where emotional or behavioural issues were the primary reason for referral?

- ☐ Yes how many times?
☐ No

If No Is Selected, Then Skip to 14. How many children attending your sc...

Q13a: If your answer to Q.13 was Yes, How many of these assessments have recommended counselling for the children concerned?

Q14. How many children attending your school have been referred for counselling or therapeutic services in the past calendar year?

Q15. In the past year, has your school had to deal with a critical incident of any nature (please tick and describe)?

- ☐ Yes
☐ No

If No Is Selected, Then Skip to Click to write the question text

Q15a. If so, what resources did you draw on to deal with this?

Section Three: Counselling Support

Q.16. Who do you consult if an emotional issue arises with a child that is beyond the usual level of difficulty that staff would encounter?

Q 17. Does your school have access to school-based counselling, therapy or other psychological support services at present?

- ☐ Yes
☐ No

If No Is Selected, Then Skip To 24. Does your school have any links...

Q18. Which of the following services does your school have access to at present? Please indicate whether this service is available in the school or externally:

	In school (1)	External (2)	No access (3)
Rainbows programme (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Roots of Empathy programme (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Counsellor/Psychotherapist (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Art/Play therapist (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychologist (other than NEPS) (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify) (6)	<input type="radio"/>	<input type="radio"/>	

Q19. In the case of individual practitioners, is this service publicly or privately funded?

	Public (1)	Private (2)	No access (3)
Counsellor/Psychotherapist (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Art/Play therapist (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychologist (other than NEPS) (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify-see table below) (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q20. Are counselling/therapy services available in your school in the form of regular sessions, or does this involve visits on an ad hoc basis, when required (please tick)?

- ☐ Regular sessions
☐ Ad hoc sessions
☐ Other (please specify-see table below)

Q 21. Is this service referred to as counselling/therapy or by another name e.g. "Mentoring"?

Q 22. What impact, if any, would you say your school-based counselling service has on each of the following in your school?

	Improved	Stayed the same	Deteriorated
Child behaviour			
Child attainment			
Child attendance			
Total			

Q23. How satisfied are you that your school's counselling/therapy service currently meets the needs of children? (Please tick)

- ☐ Very Dissatisfied
- ☐ Dissatisfied
- ☐ Somewhat Dissatisfied
- ☐ Neutral
- ☐ Somewhat Satisfied
- ☐ Satisfied
- ☐ Very Satisfied

Q23a. Please comment on your answer to Q.23.

Q24. Does your school have any links, formal or informal, with counselling services in the community?

- ☐ Yes (please describe)
- ☐ No

If No Is Selected, Then Skip To 25.

Q24a. On average, how many weeks does a child in your school typically wait for his or her first appointment?

Q25. If provision was made for a school counselling service in your school, which of the following supports would your school be interested in availing of (please tick as many as you feel are appropriate for your school)?

- ☐ Individual counselling or psychotherapy
- ☐ Group counselling or psychotherapy
- ☐ Critical incident support
- ☐ Bereavement Support
- ☐ Consultation for Staff

Q26. How satisfied are you that your school's role in positive mental health promotion and suicide prevention is adequate to meet the needs of your children (please tick)?

- ☐ Very Dissatisfied
- ☐ Dissatisfied
- ☐ Somewhat Dissatisfied
- ☐ Neutral
- ☐ Somewhat Satisfied
- ☐ Satisfied
- ☐ Very Satisfied

Q27 How many, if any, of your staff have attended professional development programmes about mental health and youth suicide specifically geared towards the primary level child?

- ☐ All staff:
- ☐ Most staff:
- ☐ Half staff:
- ☐ A few staff:
- ☐ One staff member:
- ☐ None:

Q28 Which of the following services would you like to have access to? Please indicate whether you would like this service to be available in the school or externally:

	In school (1)	Externally (2)
Rainbows programme (1)	<input type="radio"/>	<input type="radio"/>
Roots of Empathy programme (2)	<input type="radio"/>	<input type="radio"/>
Counsellor/ Psychotherapist (3)	<input type="radio"/>	<input type="radio"/>
Art/Play therapist (4)	<input type="radio"/>	<input type="radio"/>
Psychologist (other than NEPS) (5)	<input type="radio"/>	<input type="radio"/>
Other Service (please specify) (6)	<input type="radio"/>	<input type="radio"/>

Q29 If your answers to Q.28 were 'in school', does your school have adequate accommodation (i.e. a private room) for the provision of an in-house school counselling service (please tick)?

- ☐ Yes
- ☐ No
- ☐ Don't know

Q30. What steps has your school taken to promote emotional well-being among your children?

Q31. Please include any additional comments you wish to make here.

Q32. Thank you for completing this survey. We are very grateful for your time and commitment to helping us. The results of this survey will be published in the Principals Network e-letter and in the INTO newsletter. If you are interested in participating in a face to face interview to discuss the counselling service in your school, please provide us with contact details so that we can send you further information for the second part of this study. All data collected will be kept confidential and no identifying information will be used in writing up the findings.

- ☐ I can be contacted on email (please give email address) (1) _____
- ☐ I can be contacted by telephone (please give telephone number) (2)

- ☐ No thank you, I am not interested in participating in an interview (3)

Appendix B

Invitation to principals to participate in Phase 1

Study Title: Counselling demand and provision in primary schools in Ireland

Research Team:

Dr. Rosaleen McElvaney, DCU, Dr. Evelyn Gordon DCU and Research Assistant, Deirdre Dooley Judge.

15.11.2015

Dear Principal,

A research team at Dublin City University (Dr. Rosaleen McElvaney, DCU, Dr. Evelyn Gordon DCU and research assistant, Deirdre Judge) is currently conducting a study entitled 'Counselling demand and provision in primary schools in Ireland'.

The aim of the study is to establish the demand and provision of counselling for primary school children in the Republic of Ireland. Unlike many European countries there is little provision of school counselling for children attending primary schools in Ireland although this is currently available to secondary school students. Therefore, it is not known what the perceived demand for such provision is and how best to address this issue.

A national online survey with primary school principals in Ireland was conducted in June 2015 to establish the perceived demand for counselling provision for primary school children in Ireland. A survey link allowing principals to participate was included in the June and September IPPN esceal newsletters.

We would like to thank those who have already participated in this survey and invite those who may not have had an opportunity to participate to click on the survey link provided below:

https://dcusnhs.eu.qualtrics.com/SE/?SID=SV_1XkcaF7KSYidku9

Preliminary findings of this survey were presented by Dr. Rosaleen McElvaney during the IPPN Symposium entitled 'Let's Talk - Developing Emotional Wellbeing in Schools' on Wednesday 4th November in Citywest Convention Centre.

Kind Regards,

Deirdre Dooley Judge

Appendix C
Invitation Letter to Principals – Phase 2

Dear

A research team at DCU (Dr. Rosaleen McElvaney, Dr. Evelyn Gordon and Deirdre Dooley Judge) is currently conducting a study entitled “Counselling demand and provision in primary schools in Ireland”. The aim of the study is to establish the demand and provision of counselling for primary school children in the Republic of Ireland. Unlike many European countries there is little provision of school counselling for children attending primary schools in Ireland although this is currently available to secondary school students. Therefore, it is not known what the perceived demand for such provision is and how best to address this issue.

A national online survey with primary school principals in Ireland has been conducted to establish the perceived demand for counselling provision for primary school children in Ireland. Now we are recruiting principals and counsellors in a small number of primary schools that currently provide counselling support for students to explore student needs and experiences of providing this service.

We are writing to you as you have indicated an interest in participating in a one-to-one interview with the researcher to discuss your views on the counselling that is offered to children at your school. The researcher will ask you about the circumstances in which counselling is recommended for a child, what is offered and the benefits of providing this service. The interview will last about 50 minutes and will be conducted in a location convenient for you. It will be tape recorded to facilitate analysis. Every effort will be made to respect participants’ confidentiality. Data will be stored securely and can only be accessed by the research team. No identifying information will be used in reports.

Please find attached an information sheet and consent form. Please contact the researcher who will then phone you to discuss your questions and arrange to meet with you.

Yours Sincerely

Principal Investigator

Appendix D

Invitation Letter to Counsellor – Phase 2

Dear

A research team at DCU (Dr. Rosaleen McElvaney, Dr. Evelyn Gordon and Deirdre Dooley Judge) is currently conducting a study entitled “Counselling demand and provision in primary schools in Ireland”. The aim of the study is to establish the demand and provision of counselling for primary school children in the Republic of Ireland. Unlike many European countries there is little provision of school counselling for children attending primary schools in Ireland although this is currently available to secondary school students. Therefore, it is not known what the perceived demand for such provision is and how best to address this issue.

A national online survey with primary school principals in Ireland has been conducted to establish the perceived demand for counselling provision for primary school children in Ireland. Now we are recruiting principals and counsellors in a small number of primary schools that currently provide counselling support for students to explore student needs and experiences of providing this service.

We are writing to you as we have been informed that you provide counselling / therapy within a primary school setting and we would like to invite you to a one-to-one interview with the researcher to discuss your views and experiences of providing counselling/therapy in this context. The researcher will ask you about the circumstances in which counselling is recommended for a child, what is offered and the benefits of providing this service. The interview will last about 50 minutes and will be conducted in a location convenient for you. It will be tape recorded to facilitate analysis. Every effort will be made to respect participants’ confidentiality. Data will be stored securely and can only be accessed by the research team. No identifying information will be used in reports. Please find attached an information sheet and consent form. Please contact the researcher who will then phone you to discuss your questions and arrange to meet with you.

Yours Sincerely

Deirdre Dooley Judge
Principal Investigator

Appendix E

Participant Information Sheet – Phase 2 (Principals)

Study Title: Counselling demand and provision in primary schools in Ireland

Research Team: Dr. Rosaleen McElvaney (Lead Researcher), Dr. Evelyn Gordon and Deirdre Dooley Judge, DCU.

Background: Unlike many European countries there is little provision of school counselling for children attending primary schools in Ireland although this is currently available to secondary school students. Therefore, it is not known what the perceived demand for such provision is and how best to address this issue.

Study Aims: The aim of this study is to establish a knowledge base of the current demands and provision of counselling services in primary schools in Ireland. The study consists of both an online survey and in-depth interviews with principals and counsellors in schools that currently provide counselling support for students to establish student needs that are being addressed through this provision. Establishing demand and provision in the Irish primary school sector can inform national policy on this important area.

Participant Requirements: You are invited to participate in a one-to-one interview with the researcher to discuss your views on the counselling that is offered to children at your school. The researcher will ask you about the circumstances in which counselling is recommended for a child, what is offered and the benefits of providing this service. The interview will last approximately 50 minutes and will be conducted in a location convenient for you. It will be tape recorded to facilitate analysis.

Benefits and Risks: Direct benefits to participants include being able to articulate and identify needs within your own school, while indirect benefits include being involved in highlighting the issue nationally and influencing policy development in this area. It is not anticipated that there will be any adverse outcomes of this study. However, in the event that a participant discloses potential or actual harm to a minor Children First guidelines will be followed.

Anonymity and Confidentiality: Every effort will be made to respect participants' anonymity. The data collected will be accessed only by the research team. The data from phase 2 of the survey will be protected by the use of codes (P01, C01) on all transcripts and reports. Demographic data will be stored separately from the raw data in a secure locked filing cabinet at the office of the Lead Researcher and home office of the Research Assistant. All data is subject to Data Protection Legislation. Ethical approval for this project has been obtained from the Dublin City University Research Ethics Committee.

Thank you for considering taking part in this study. If you wish to arrange an interview, please contact **Deirdre Dooley Judge on (089 2210624) or at deirdre.dooleyjudge8@mail.dcu.ie**

For further information please contact: Dr. Rosaleen McElvaney on rosaleen.mcelvaney@dcu.ie or 01 7007383

If you have any concerns about this study please contact:

The Secretary, Dublin City University Research Ethics Committee, Research and Innovation Support, Dublin City University, Dublin 9. Tel. 01-7008000.

Appendix F

Participant Information Sheet – Phase 2 (Counsellors)

Study Title: Counselling demand and provision in primary schools in Ireland

Research Team: Dr. Rosaleen McElvaney (Lead Researcher), Dr. Evelyn Gordon and Deirdre Dooley Judge, DCU.

Background: Unlike many European countries there is little provision of school counselling for children attending primary schools in Ireland although this is currently available to secondary school students. Therefore, it is not known what the perceived demand for such provision is and how best to address this issue.

Study Aims: The aim of this study is to establish a knowledge base of the current demands and provision of counselling services in primary schools in Ireland. The study consists of both an online survey and in-depth interviews with principals and counsellors in schools that currently provide counselling support for students to establish student needs that are being addressed through this provision. Establishing demand and provision in the Irish primary school sector can inform national policy on this important area.

Participant Requirements: You are invited to participate in a one-to-one interview with the researcher to discuss your views and experience of providing counselling /therapy in a primary school setting. The researcher will ask you about the circumstances in which counselling is recommended for a child, what is offered and the benefits of providing this service. The interview will last approximately 50 minutes and will be conducted in a location convenient for you. It will be tape recorded to facilitate analysis.

Benefits and Risks: Direct benefits to participants include being able to articulate and identify needs within your own school, while indirect benefits include being involved in highlighting the issue nationally and influencing policy development in this area. It is not anticipated that there will be any adverse outcomes of this study. However, in the event that a participant discloses potential or actual harm to a minor Children First guidelines will be followed.

Anonymity and Confidentiality: Every effort will be made to respect participants' anonymity. The data collected will be accessed only by the research team. The data from phase 2 of the survey will be protected by the use of codes (P01, C01) on all transcripts and reports. Demographic data will be stored separately from the raw data in a secure locked filing cabinet at the office of the Lead Researcher and home office of the Research Assistant. All data is subject to Data Protection Legislation. Ethical approval for this project has been obtained from the Dublin City University Research Ethics Committee.

Thank you for considering taking part in this study. If you wish to arrange an interview, please contact **Deirdre Dooley Judge on 0892210624 or at deirdre.dooleyjudge8@mail.dcu.ie**

For further information please contact: Dr. Rosaleen McElvaney on rosaleen.mcelvaney@dcu.ie or 01 7007383

If you have any concerns about this study please contact:

The Secretary, Dublin City University Research Ethics Committee, Research and Innovation Support, Dublin City University, Dublin 9. Tel. 01-7008000.

Appendix G
Participant Informed Consent Form – Phase 2 (Principals and Counsellors)
Study Title: Counselling demand and provision in primary schools in Ireland

Research Team:

Dr. Rosaleen McElvaney (Lead Researcher), Dr. Evelyn Gordon, Deirdre Dooley Judge, DCU.

Participant - please complete the following (Circle Yes or No for each question)

I have read the Information Sheet (or had it read to me) *Yes/No*

I understand the information provided *Yes/No*

I have had an opportunity to ask questions and discuss this study *Yes/No*

I have received satisfactory answers to all my questions *Yes/No*

I am happy to be contacted again if the researcher wishes to clarify any areas discussed *Yes/No*

NB You may withdraw from the Research Study at any stage before the findings are written up.

I have read and understood the information in this form. My questions and concerns have been answered by the researchers, and I have a copy of this consent form. Therefore, I consent to take part in this research project.

Participant's Signature: _____

Name in block Capitals: _____

Researcher's Signature: _____

Name in block capitals: _____

Date: _____

Appendix H

Interview Schedule: Principals

Context for provision

How did you come to provide counselling for children in your school?

Who was instrumental in making sure provision came to your school?

Was anything in particular happening at that time that alerted people to the need for this provision?

Type of Counselling Provision

How was the counsellor selected for your school and what qualifications do they have?

Can you tell me about the nature of counselling provided? 1:1 or in Group?

Can you explain how children are selected and referred to the counsellor?

Accommodation

Can you describe the accommodation provided for the counselling service here?

In your opinion what factors are necessary to the provision of satisfactory accommodation for a school counselling service? Easily accessible to children/private /safe setting.

Children-Issues

Tell me about the kind of issues children present with in terms of the range and extent of difficulties.

Do you have any situations where referral to an outside agency takes place?

Which agencies? In what circumstance?

Parents

How is parental consent obtained?

In your opinion would **parents have a clear understanding** of the meaning of play therapy/counselling..?

What, in your view, would parents' experience of the service be?

Benefits

What are the perceived benefits of providing a school counselling service here?

How important is this provision to the School?

What are the key benefits of this provision **for students?**

For teachers? For parents?

Teachers

What, in your view, is teachers' experience of the service?

Organisational

How is the counselling service monitored and evaluated?

How is feedback regarding child progress provided and by whom?

To whom? How does this work?

How is the service **funded?**

Tell me about your views on the current provision in your school.

Finally, is there anything further you would like to add or any aspect of the content of this interview you would like to comment upon?

Appendix I

Interview Schedule: Counsellors

A general question: What would be your knowledge around the provision of art/play therapy or counselling that is currently provided to primary schools in Ireland?

1:1 or in Groups;

theoretical orientation,

private/public services;

internal to school.

Referred out to outside agencies.

Nature of Counselling provision in your school

Can you describe your experience of providing art/play therapy/counselling in a primary school setting.

How are children selected for play therapy?

Can you describe the referral process.

What kind of resources are available to support this counselling service in terms of staffing levels?

Accommodation?

Could these be improved in any way?

Do you have any instances where referral to an outside agency takes place?

Which agencies and in what circumstances.

Experience of providing counselling

Tell me about your training.

Children-Issues

Tell me about the kind of issues children present with in terms of the range and extent of difficulties (some examples).

Parents

How is parental consent obtained?

In your opinion what understanding would parents have of the meaning of counselling?

What do you think are parents' experience of the service?

Benefits

In your opinion what would be the benefits of providing art therapy/school counselling? For children? Teachers? School? Parents?

How important is this provision to the School?

Organisational

How is the counselling service monitored and evaluated?

How is feedback regarding child progress provided?

by whom?

to whom?

how does this work?

How is the service funded?

Tell me about your views on the current provision in your school.

Finally, is there anything further you would like to add or any aspect of the content of this interview you would like to comment upon?

Appendix J

Ethics Approval Letter

Ollscoil Chathair Bhaile Átha Cliath
Dublin City University



Dr Rosaleen McElvaney
School of Nursing and Human Sciences

11th February 2015

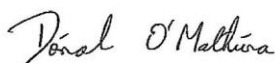
REC Reference: DCUREC/2015/014
Proposal Title: Counselling demand and provision in primary schools in Ireland
Applicant(s): Dr Rosaleen McElvaney ;

Dear Rosaleen,

Further to expedited review, the DCU Research Ethics Committee approves this research proposal. Materials used to recruit participants should note that ethical approval for this project has been obtained from the Dublin City University Research Ethics Committee.

Should substantial modifications to the research protocol be required at a later stage, a further submission should be made to the REC.

Yours sincerely,

A handwritten signature in black ink, reading 'Dónal O'Mathúna'.

Dr Dónal O'Mathúna
Chairperson
DCU Research Ethics Committee



Taighde & Nuálaíocht Tacaíocht
Ollscoil Chathair Bhaile Átha Cliath,
Baile Átha Cliath, Éire

Research & Innovation Support
Dublin City University,
Dublin 9, Ireland

T +353 1 700 8000
F +353 1 700 8002
E research@dcu.ie
www.dcu.ie

Appendix K

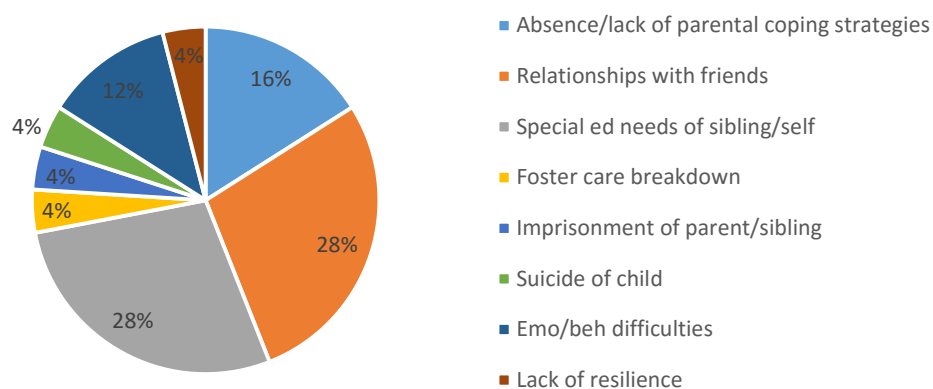


Figure 12. Occurrence of 'other' themes in Q12: five most prevalent issues (25 responses)

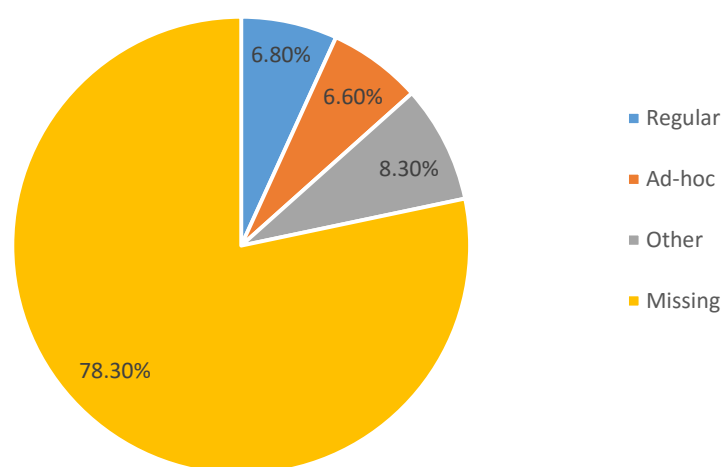


Figure 13. Counselling sessions provided regularly or on an ad hoc basis in primary schools (Q. 20)

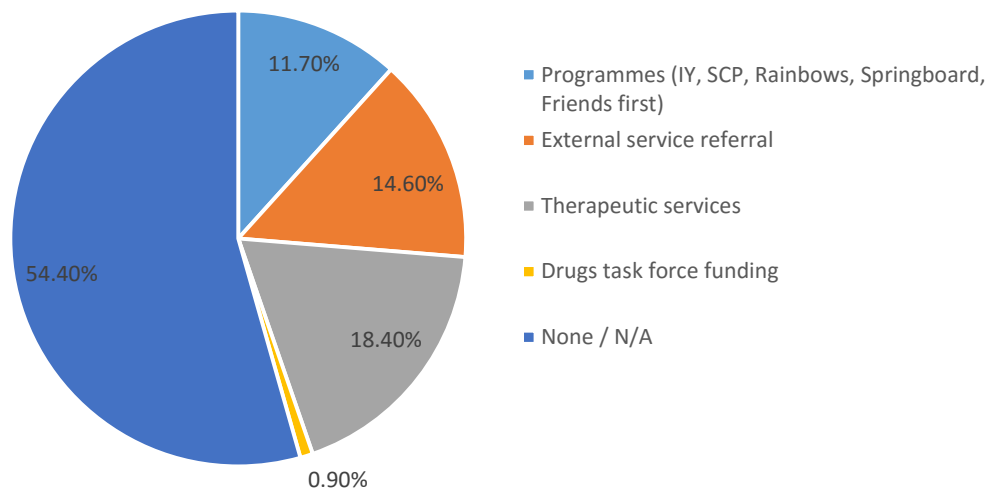


Figure 14. Other regular or ad hoc counselling/therapy services (Q.20-Other)

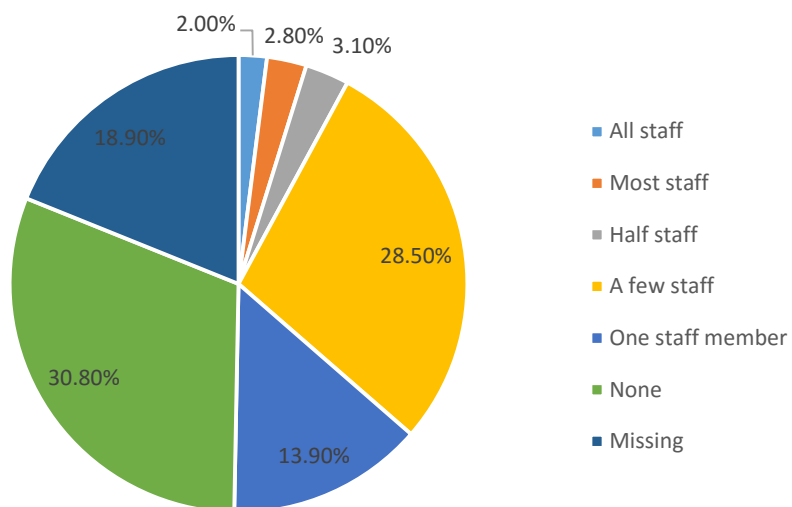


Figure 15. Staff attendance levels at mental health and youth suicide professional development programmes (Q.27)

Table 6

Services schools have access to at present (Q.18)

	In school	External	No access
Rainbows	51 – 4%	98 – 7.6%	65 – 5.1%
Roots of Empathy	30 – 2.3%	25 – 2%	117 – 9.1%
Counsellor/Psychotherapist	37 – 2.9%	66 – 5.1%	94 – 7.3%
Art/Play therapist	86 – 6.7%	59 – 4.6%	73 – 5.7%
Psychologist (not NEPS)	25 – 2%	96 – 7.5%	76 – 5.9%
Other	38 – 3%	31 – 2.4%	40 – 3.1%
Total	267 – 20.8%	375 – 29.3%	465 – 36.3%

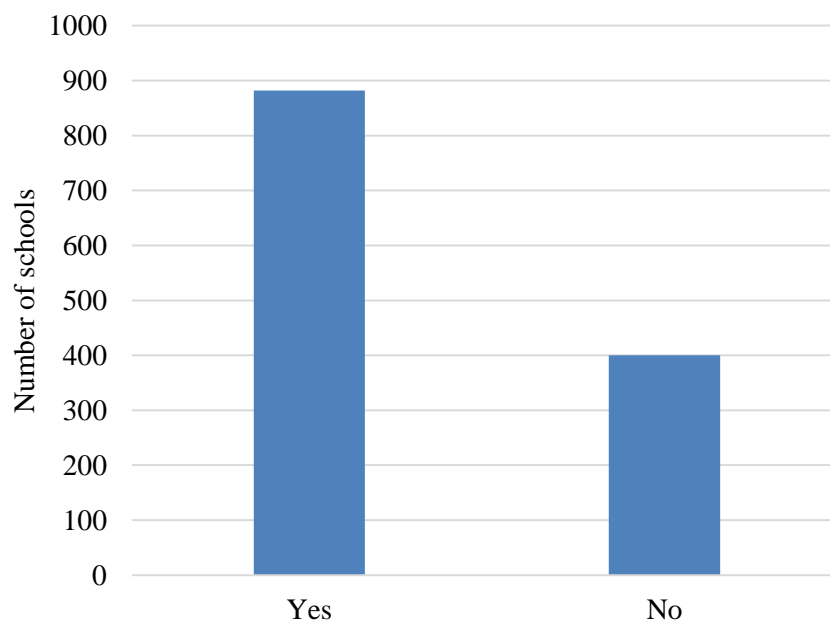


Figure 16. Psychological assessments accessed by schools from NEPS (Q.13)

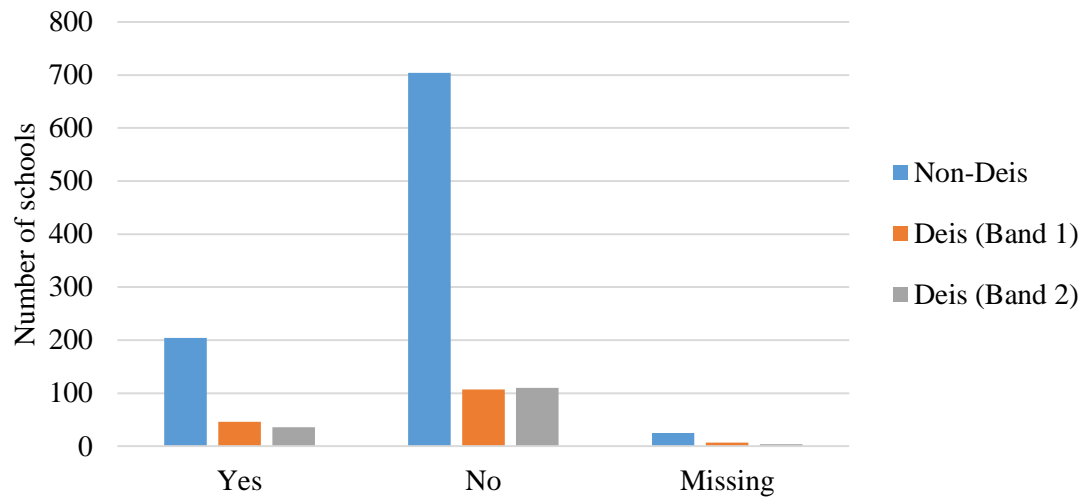


Figure 17. Critical Incidents and Type of School (Q15, Q.7)

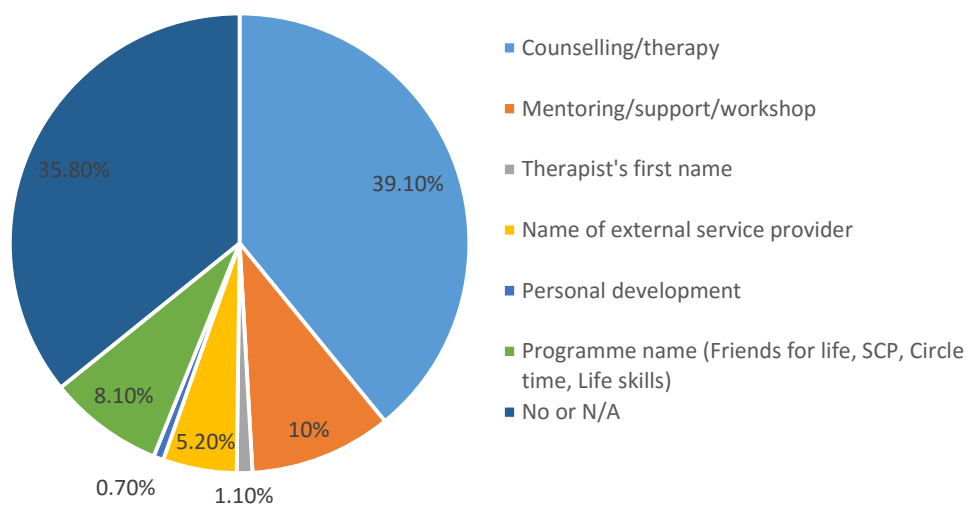


Figure 18. Names that onsite counselling services are referred to in schools (Q.21) (271 responses)

Table 7 (Q.15a)

Resources used following critical incident (N=276)

Type of service	Frequency of schools using these services
NEPS	152 (55.1%)
External therapist/counsellor	102 (37%)
Staff/BOM	78 (28.3%)
Critical incident policy	46 (16.7%)
School support services	19 (6.9%)
Emergency services	19 (6.9%)
CAMHS	22 (8%)
HSE	18 (6.5%)
Onsite therapist/counsellor	27 (9.8%)
GP	8 (2.9%)
TUSLA	10 (3.6%)
Parent	17 (6.2%)
SESS/SENO/NCSE	13 (4.7%)
None/N/A	6 (2.2%)

Table 8 (Q.16)

Resources used for pupil emotional difficulty (N=1227)

Type of service	Frequency of schools using these services
NEPS	896 (73%)
External therapist/counsellor	259 (21.1%)
Staff/BOM	62 (5.1%)
School support services	49 (4%)
CAMHS	192 (15.6%)
HSE	133 (10.8%)
Onsite therapist/counsellor	78 (6.4%)
GP	102 (8.3%)
TUSLA	54 (4.4%)
Parent	132 (10.8%)
SESS/SENO/NCSE	70 (5.7%)
None/N/A	16 (1.3%)